SUPPLEMENT
TO THE
BRITISH MEDICAL JOURNAL.

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National Insurance.

LOCAL MEDICAL COMMITTEES.

HACKNEY.

THE following are the names of practitioners in the borough of Hackney elected to form the District Medical Committee:

Dr. Rowland Smith, J.P., *Chairman*	Dr. H. Christoffers Powell
	Dr. Geo. C. Slimon
Dr. C. Wyndham Gittens, 38, Powerscroft Road, Clapton, N.E., *Secretary*	Dr. J. Gundlach
	Dr. F. T. Keenan
	Dr. W. J. Deighan
Dr. A. G. Southcombe	Dr. A. T. Swan
Dr. C. E. Evans	Dr. W. Brander
Dr. Montague Smith	Dr. H. C. Dixon
Dr. T. Rushbrooke, J.P.	Dr. C. F. Hadfield
Dr. A. W. Miller	Dr. J. M. Laughton
Dr. Myer Cohen	Dr. D. Petty
Dr. A. W. Vardon	Dr. S. Wilson
Dr. E. J. T. Moore	

Representatives on the District Insurance Committee.—Dr. T. Rushbrooke, J.P., Dr. A. W. Miller.

Application has been made to the Insurance Commissioners for recognition.

BOURNEMOUTH.

THE Bournemouth Local Medical Committee met again on April 19th to give further consideration to the scheme formulated by the Commissioners for the treatment of temporary residents. It was decided to advise the panel to accept it provisionally, and to sign the new agreement for three months from April 15th. The Committee considered the scheme to be a genuine attempt to solve this very difficult problem, and was therefore willing to give it a fair trial, but it has pointed out to the Commissioners that if it results in the practitioners on the panel having to accept anything less than the very moderate fees set out in para. 15 of Form 161/LC., it will point to a very grave defect in the Act and a very serious injustice to the profession generally. The Committee therefore reserved the right to raise the question again, if necessary.

The Secretary was instructed to write to the Insurance Committee strongly objecting to the suggested charge on the part of the chemists of 1d. for each prescription copied. The panel would prefer to continue giving a duplicate prescription rather than allow this charge to be made.

BRADFORD.

THE following is a list of the members of the Bradford Local Medical Committee:

Dr. Manknell, *Chairman*	Dr. Dunlop
Dr. J. F. Allen, 39, Whetley Lane, Bradford, *Secretary*	Dr. Hope
	Dr. Mitchell
Dr. Bell	Dr. Naylor
Dr. Campbell	Dr. Sharpe
Dr. Carroll	Dr. Shackleton
Dr. Clow	Dr. Wheatley
Dr. Dunsmore	Dr. Willson

Representatives on Insurance Committee.—Elected by the profession: Drs. J. F. Allen and H. Shackleton. Appointed by the Commissioners: Drs. Campbell and Enrich.

Representatives on the Medical Service Subcommittee.—Drs. Carroll, Mitchell, and Sharpe.

NORTHAMPTON.

A MEETING was held at the General Hospital on April 15th. Dr. BUSZARD was in the chair, and seventeen other members were present.

A letter was read from the Northampton Insurance Committee approving of the scale of fees suggested by the Medical Committee for insured persons who temporarily resided in the area. The meeting agreed to the recommendation of the Insurance Committee that:

> Money available for the period ending April 14th from those persons who have not selected a doctor be distributed in equal shares among medical men on the panel.

The Honorary Secretary was directed to write to the Insurance Commissioners asking that a uniform certificate be issued for all approved societies, and that not more than one "declaring on" certificate be required.

Dr. BEATTY announced his resignation from the Insurance Committee.

Dr. Ross was elected Honorary Treasurer, and Mr. Cooke re-elected Honorary Secretary.

Drs. Milligan, Cairns, and Sanders were selected to serve on the Medical Service Subcommittee.

LEICESTER.

THE Local Medical Committee for the Borough of Leicester has been recognized and is constituted as follows:

Dr. R. Wallace Henry, *Chairman.*
Dr. E. W. Holyoake, 2, Tower Street, Leicester, *Honorary Secretary.*

Dr. Astley Clarke	Dr. Martin
Dr. C. H. Clarke	Dr. Lilley
Dr. Crosfield	Dr. Peake
Dr. Ewnes	Dr. Salomon
Dr. L. K. Harrison	Dr. Shearer
Dr. Higgs	Dr. P. E. Snoad
Dr. Moffat-Holmes	Dr. Waite
Dr. MacAllister Hewlings	Dr. Williams

Representatives on the Local Insurance Committee.—Drs. R. Wallace Henry and Moffat-Holmes.

The Pharmacopœia of the Leicester Public Medical Service, with a few minor alterations, has been accepted, and is now being used throughout the town in prescribing not only for insured but also for non-insured persons. The Oddfellows and Foresters have "contracted out" under the Harmsworth amendment, and arrangements have been made whereby the members of these societies may be attended by any of the staff of the Public Medical Service.

The Local Insurance Committee has agreed to postpone for two months the date of allotment of those persons who have not yet chosen a doctor, and it has been decided to divide the money due on account of those persons in direct proportion to the number of persons on each practitioner's list.

As the result of representations made to the Local Insurance Committee, a letter has been sent by it to the Commissioners urging that anæsthetics, diseases due to misconduct, miscarriages, and abortions be treated as extras.

Representations have been made to the Local Insurance Committee to the following effect: (1) That the "Model Rules" be adequately circulated among insured persons; (2) that it is advisable to appoint deputies for the directly elected representatives on the Insurance Committee; (3) that it is advisable to appoint medical referees with a view to the prevention of malingering.

An improved form of prescription book has been decided on which does away with the use of the carbon paper, and in which the prescriptions are written in duplicate.

WEST SUFFOLK.

AT a meeting of the Local Medical Committee on April 5th the Secretary was instructed to send a report of the meeting to all practitioners on the panel, to draw their attention to the powers of Local Medical Committees, and to request them not to sign any papers referring to medical or sanatorium benefit, should such be issued by the Insurance Committee, without consultation with the Local Medical Committee, and, further, to request practitioners to refer all matters of doubt or dispute to the Local Medical Committee.

It was agreed to undertake to continue service to May 31st, 1913.

The proposed new contract (Form Med. 29) was discussed in conjunction with the recommendations of the State Sickness Insurance Committee of the British Medical Association, and further recommendations were drawn up and adopted for consideration at a joint meeting with the Emergency Medical Benefit Subcommittee of the County Insurance Committee.

At the joint meeting held subsequently Dr. WOOD, on behalf of the Local Medical Committee, protested against the issue of Circulars M.B., 23 and 26, without reference to the Local Medical Committee, which had the right to be consulted on all matters relating to medical benefit. The CHAIRMAN and CLERK of the Medical Benefit Subcommittee having explained the circumstances in which the circulars were issued, gave an unqualified assurance that in future all such matters would be referred to the Local Medical Committee. A discussion of the recommendations of the Local Medical Committee followed, and the members of the Insurance Committee expressed their readiness to meet the profession to the full extent of their powers.

MEETINGS OF INSURANCE COMMITTEES.

CAMBRIDGESHIRE.

Illnesses and Village Gossip.

AT the last meeting of the Cambridgeshire Insurance Committee the Medical Benefit Subcommittee recommended that certificates with regard to sickness benefit should be uniform for all societies and should specify the nature of the illness. Dr. B. E. FORDYCE said that patients had complained that the illnesses from which they were suffering were becoming public property and the subject of gossip. It was most desirable that friendly society officials should use great discretion in this matter. Miss BRISCOE remarked that people's illnesses should not be the subject of discussion in small villages. The CHAIRMAN said the friendly societies must have the information, but if anything leaked out through officials there was a possibility of their being discharged. The recommendations of the subcommittee were approved.

SURREY.

Contracting Out.

It was reported to the Surrey Insurance Committee last week that 225 applications for permission to make their own arrangements had been received from insured persons, and of these 220 had been granted, 143 being in respect of persons who desired to continue their present medical attendant. General ELLES, who moved the adoption of the report, remarked that there was not a discordant note throughout a conference held with medical men, although only one of the doctors was on the panel and one or two had been pronounced opponents of the Act. He added that the scale of fees fixed in connexion with contracting out were higher as regards attendance at home or surgery and for special visits than the scales fixed in Kent and London, but the Committee did not see any disadvantage in this. There was only so much money, and it had all to go to the doctors. The report was adopted.

DERBY.

Objections to Publicity regarding Sanatorium Benefit.

Strong objection was taken at the last meeting of the Derby Insurance Committee to the publication in the printed agenda sent to members of the names, addresses, and occupations of recipients of sanatorium benefit. It was mentioned that persons had been deterred from applying for sanatorium benefit by the knowledge that the fact would become so widely known.

A motion that in future the cases should be designated by numbers was defeated by 13 votes to 9. It may be pointed out that in London and Middlesex, to mention two cases, the system rejected in Derby has been adopted without question from the outset.

NORTHUMBERLAND.

Mileage Rate in Inaccessible Districts.

The Northumberland Insurance Committee having approved a mileage rate of 2s. 6d. for distances over three miles in those districts of the county coming under the description of "mountain and fell," the medical men concerned asked that the limit of distance should be two miles instead of three. The Chairman, Mr. GERALD FRANCE, M.P., at a meeting of the Committee last week, said he had put the matter before the Insurance Commission, which would raise no objection to any alteration that satisfied the Committee as being fair. Medical men in other parts of the county raised no objection to the limit of two miles asked for by their colleagues, and he proposed that the request be granted. There was some opposition, but ultimately the motion was carried by 22 votes to 9.

INSURANCE NOTES.

The Allocation of the "Residue."

The period during which insured persons might select a doctor having expired, questions connected with the allocation of the residue who have not made a selection are now occupying the attention of many Insurance Committees. In the larger cities it appears that many clerks and others in similar occupations, whose incomes are near the income limit of £160, not only have not chosen a doctor but are unlikely to call in the doctor to whom they are allotted. They will continue to be attended by their own medical man. This point has come before the Bristol Insurance Committee, and it is stated that as the Insurance Fund cannot make a saving in respect of these cases, the usual payment will go to the doctor to whom the insured person is allotted, whether that person goes to him or not when ill.

As has been the case in regard to other matters involving questions of principle, widely differing decisions have been arrived at by various Insurance Committees in the matter of allocation.

The Paisley Committee has approved the principle, with regard to allocation, that no doctor shall have more than 1,800 names on his list until each has at least 1,800, and that any balance of a doctor's share remaining after bringing his total up to that number shall fall into a common pool for division equally among the others. Women doctors will only have female insured persons allocated to them.

The Dundee Committee on April 16th decided that no doctor whose list exceeded 1,800 (there were fourteen doctors with lists in excess of this number) would share in the allocation, and a process of levelling up would be adopted. Any doctor with 1,200 to 1,700 was to have his list increased to 1,800; those with 800 to 1,100 were to be increased to 1,550, those with 500 to 700 were to be increased to 1,300, and those with 100 to 300 were to be raised to 1,000. It was suggested that the Local Medical Committee should deal at a future date with those cases in which doctors have a very large number on their lists.

The arrangements of the Walsall Committee were criticized by Dr. Martin and Dr. Hawley on the ground that the method of allocating would penalize the doctors who had done all the work during the quarter. Objection was raised, particularly, to the money accrued during the quarter in respect of the "residue" being handed over to the doctors to whose lists the names would be added for the quarters to come. The suggestion was that this money should be divided equally among all the doctors on the panel.

At the last meeting of the Brighton Insurance Committee Dr. Ryle moved and Dr. Fothergill seconded a motion to instruct the Medical Service Subcommittee to consult the Local Medical Committee on the principles to be adopted in the allocation of insured persons who had not chosen a doctor. The motion was lost after debate, and the Insurance Committee subsequently decided as follows:

> That for the purposes of allocation the borough be divided into districts; that the clerk ascertain from the doctors on the panel the number of insured persons in addition to those already on their lists for whose medical treatment they are prepared to be responsible; and that the Medical Benefit Subcommittee on receipt of that information be authorized to carry out the allocation in such a manner as may be deemed most expedient by it.

Insured Persons and Herbalists.

The West Riding Insurance Committee having decided not to recognize for the purposes of medical treatment under the Insurance Act any but duly registered medical practitioners, a protest meeting was held on April 17th at Sowerby, where (the *Yorkshire Observer* states) a medical herbalist has an extensive practice. A resolution was passed protesting against discretion being refused to insured persons to make their own arrangements for treatment, whether orthodox or unorthodox.

National Medical Union.

A meeting of the Executive Committee of the National Medical Union was held at 5, John Dalton Street, Manchester, on April 16th. The present position under the National Insurance Act as it affects those practitioners who have not taken service was discussed. It was reported that inquiries with regard to membership had been received from doctors all over the country. Many of them had retired from the panel, while others had expressed their determination to do so at the first available opportunity. Twelve men from the Salford area had notified that, having removed their names from the lists, they wished to join the Union. The Honorary Treasurer reported that the finances of the association were in a satisfactory condition. It was decided that a general meeting of the Union should be held shortly, and a subcommittee was appointed to deal with the organization of the Union with a view to concerted action in the future.

We are informed that the following medical men resident and practising in Broughton and Prestwich districts within the area of the Salford Division have decided to refuse to attend patients under the National Insurance Act: Drs. G. H. Pinder, D. MacMillan, A. M. Kinghorn, J. W. Grange, G. W. Beesley, W. C. Johnson, S. Yeoman, F. Stephenson, D. P. Paul, A. C. Clarke, E. T. Larkam, T. P. Allen, C. Politachi, and J. Rust.

REPORTS OF LOCAL ACTION.

IRELAND.

National Insurance Act.

A meeting of the Advisory Committee to the National Health Insurance Commissioners was held in Dublin on April 15th. Mr. J. A. Glynn, Chairman of the National Insurance Commissioners, who was in the chair, said that the Commissioners had, through the Insurance Committee Branch and Medical Branch, recognized locally twenty-six Medical Committees which were set up by the doctors under Section 62 of the Act, and although Ireland had not medical benefits the Commissioners had acquiesced in the desire of the doctors to appoint those Medical Committees, and to consult them in all questions which affected the medical profession in the counties in which they were set up. There were thirteen of these still to be set up, and as soon as the nominations were received for those areas Medical Committees for them would be approved. Practically all the county councils had taken in hand the matter of sanatorium benefits, and were erecting either alone or in conjunction with other county councils their own sanatoriums or making provision with existing sanatoriums for the indoor treatment of their patients. Mr. Glynn then gave a history of the negotiations with the societies and the Conjoint Committee of the British Medical Association and Irish Medical Association with regard to the grant of £50,000 for certification. The Conjoint Committee, he said, had recommended that for the six county boroughs and larger towns the capitation fee of 1s. suggested by the Commissioners should be reduced to 9d., and that the capitation rates in the county areas should be correspondingly increased. Up to April 14th acceptances had been received from 610 doctors in Ireland to act on the panel; of these, 14 had since withdrawn. The panels in Belfast, Cork, and Londonderry were filled in these cities, having respectively 117 out of 260 doctors, 37 out of 96, and 17 out of 40. The panels in Dublin, Limerick, and Waterford had not been filled. The panels were completed in twelve counties, by which he meant that the number of doctors who had joined the panels in these counties was sufficient for every insured person in the county. The counties that had filled were Antrim, Armagh, Clare, Cork, Donegal, Down, Fermanagh, Londonderry, Longford, Mayo, Monaghan, and Sligo. Some of the other counties had got a reasonable number of doctors, but not a sufficient number to cover the whole of the areas. The Commissioners had guaranteed to doctors working on the panels that they would get the preference in any scheme that was formulated or in any arrangements that might be come to. In only eight counties and county boroughs had no application been received. In those counties where panels had not filled the Insurance Commissioners were determined that, so far as in them lay, the people would be provided with efficient medical certification. The following resolution and addendum were passed:

That in certain insurance areas, where the panels have failed to fill, the Commissioners, after consultation with the approved societies and Insurance Committees of these areas, appoint medical practitioners for purposes of certification.

That in the case of societies which already have medical officers certificates from these officers will be accepted and paid for per capita in accordance with the number of members of these societies in those areas covered by the first part of the resolution.

The following members dissented: Dr. Power, Dr. Donnelly, Dr. Darling, and the Right Hon. M. F. Cox, P.C., M.D.

The Honorary Secretary of the Longford Local Medical Committee has since written to the daily press expressing amazement at hearing that the panel in that county had been filled. He states that, on making inquiries at the post office, nothing is known about it there; he thinks that possibly one doctor in the whole county has accepted the position. At a meeting of the medical practitioners of the county, held on April 5th, it was unanimously decided to refuse to form a panel. With regard to co. Down also there seems to be some doubt as to the correctness of Mr. Glynn's statement.

County Councils and the Extension of Medical Benefits.

At a meeting of the County Councils General Council held in Dublin on April 18th, the question of the extension of medical benefits to Ireland was considered. One of the speakers said that the friendly societies desired this extension because they already gave medical benefit to their members, and that some of the higher wage-earners in the cities would be willing to pay increased contributions for medical benefit, but that this was the beginning and the end of the argument for extension. A resolution was passed declaring that medical benefits should not be extended to Ireland, except in county boroughs, unless accompanied by a revision of the Poor Law medical system. As the Actuary to the Irish Insurance Commissioners has stated that extension to the county boroughs and not to the rest of the country is "actuarially impossible," this would seem to be a resolution directly against the extension to Ireland unless accompanied by a revision of the Poor Law system. It is admitted that a very large number of the people receive benefits under the Medical Charities Act who would never come under the National Insurance Act; therefore it is not enough merely to abolish the Poor Law system to make way for the extension of medical benefit. The question of the amalgamation of the two systems, even if possible, presents many difficulties, and would demand prolonged deliberation before it could be attempted.

Derry Doctors and the Friendly Societies.

As a result of the failure of the Federation of Derry Benefit Societies to arrange terms with the local doctors, it has been decided to import a number of medical men to the city. The dispute has gone on since the doctors resigned their contract appointments in January last. At a meeting of the Federation last week, a deputation which had waited on the city doctors in the hope of being able to settle the dispute, reported that the doctors had rejected their terms. A proposal to bring to the city a number of doctors who had applied for appointments was carried unanimously.

SCOTLAND.

Local Medical Committee for Midlothian.

The Local Medical Committee for Midlothian consists of Dr. Andrew Douglas Ramsay Thomson, Musselburgh, and of Dr. Alexander Maitland Easterbrook, Gorebridge, representing the practitioners; of Dr. Simson Carstairs Fowler, Juniper Green, and Dr. James Cameron, Loanhead, representing the Commission; and of Dr. Robert Inch, Gorebridge, and Dr. William Young, West Calder, representing the County Council.

Edinburgh Medical Guild.

The Medical Guild (Edinburgh), which, it will be remembered, is an association of medical practitioners who have not joined the panel under the Insurance Act, at its meeting on April 17th, when Dr. Playfair was in the chair, adopted the following motion unanimously:

That it is against the policy of the Guild for members to sign the private arrangements circulars which have been issued by the Edinburgh and Leith Insurance Committees.

It was recommended that any members who had signed those circulars should apply to the clerks of the committees for permission to withdraw their signatures. The Secretary was instructed to circularize the members regarding this motion.

Change of Doctor.

The Secretary to the Scottish Insurance Commissioners (Mr. John Jeffrey) has replied (April 17th) as follows to a correspondent who made inquiry as to change of doctor:

The transference of an insured person from the list of one doctor to that of another on the same panel cannot take place in the course of the year except under the following circumstances: (1) With the written consent of the two doctors affected and of the insured person on the appropriate form obtainable from the Insurance Committee; (2) upon a change of residence within the area of the Committee rendering it impossible for the insured person to obtain treatment from the doctor selected, in which case the Insurance Committee should be notified; (3) as the result of an inquiry arising between the insured person and his panel doctor where the Insurance Committee consider a change of doctor desirable; or (4) upon a doctor ceasing to practise within the area or being removed from the panel. In all other cases the insured person remains on the list of the doctor who accepted him or to whom he has been assigned till the end of the medical year. A change of doctor may be arranged for the following year by the insured person giving notice to the Insurance Committee not later than one month before the date of revision of the medical list, of which public notice will be given by the Insurance Committee. Special provisions apply in the case of an insured person changing his residence from the area of one Insurance Committee to that of another.

THE INSURANCE SCHEME.

STATE SICKNESS INSURANCE COMMITTEE.

On Thursday, April 17th, the State Sickness Insurance Committee appointed by the Special Representative Meeting in November, 1912, was held at the house of the Association, 429, Strand, W.C. Mr. T. Jenner Verrall (Chairman of Representative Meetings) was in the chair, and the other members present were:—*England and Wales:* Dr. R. M. Beaton (London), Dr. E. R. Fothergill (Brighton), Miss F. Ivens, M.S. (Liverpool), Dr. Herbert Jones (Hereford), Dr. Constance E. Long (London), Dr. E. O. Price (Bangor), Dr. D. G. Thomson (Norwich), Mr. E. B. Turner (London). *Scotland:* Dr. John Adams (Glasgow), Dr. R. McKenzie Johnston.

Apologies for Absence.

Apologies for absence were read from the Chairman and Mr. D. F. Todd (Sunderland).

Report to Council.

The greater part of the time of the Committee at this meeting was given up to the consideration of the recommendations which it should make for the consideration of the Council at its meeting on April 23rd. The decision of the Council with regard to these recommendations will be embodied in the annual report of the Council to be published in the next issue of the Supplement.

Dispensing.

The Committee adopted the following resolution with regard to practitioners dispensing:

That the present is not an opportune time for the Association to take action in pressing that medical practitioners should be allowed to dispense medicines for those of their patients who are insured persons.

Dispensers Holding Apothecaries' Society's Certificate.

On consideration of a communication from the Society of Apothecaries the Committee resolved that as the matter was not one directly affecting the medical profession, the Association should not press for amendment of the Insurance Act to protect the interests of persons holding the certificate in dispensing from the Society of Apothecaries.

TRANSFER OF PATIENTS.

A communication from the Honorary Secretary of the Tower Hamlets Division, drawing attention to the fact that the form of application issued by the London Insurance Committee for transfer from one practitioner to another required a statement by the insured of his reason for changing, and pointing out that the Regulations authorized the patient to change his medical attendant subject to the consent of the two practitioners concerned, was received and discussed. The Committee resolved to address the following letter to the Insurance Commissioners:

April 21st, 1913.

Sir,

The attention of the State Sickness Insurance Committee of the Association has been drawn to Form M.B. 3 issued by the Insurance Committee for the County of London. This is a form issued to insured persons desiring to be transferred from one practitioner to another under Regulation 26 (*a*). The form requires a statement from the insured as to his reasons for desiring to so change his doctor.

I am instructed to state that the State Sickness Insurance Committee is unable to find anything in Regulation 26 which requires such a statement to be made. In fact, according to the final paragraph of that Regulation, a transfer may actually have taken place seven days before a practitioner need give notice of the transfer to the Insurance Committee. Form M.B. 3, on the other hand, would lead any one reading it to believe that the consent of the Committee was necessary to the transfer, and, furthermore, that any transfer could not take place until that consent had been obtained.

The State Sickness Insurance Committee is unable to find anything in Regulation 26 bearing that colour, and, moreover, is of opinion that any demand for the reasons for change on the part of the Insurance Committee is not only an infraction of the Regulation, but will place serious obstacles in the way of a procedure which seemed quite simple, and was accepted as satisfactory by the medical profession.

My Committee trusts that the Commissioners will at once draw the attention of the Insurance Committee for the County of London to the fact that the form in question goes beyond the terms of the Regulations.

I am, Sir,
Your obedient servant,
ALFRED COX,
Medical Secretary.

The Secretary,
National Health Insurance (Joint) Committee,
Buckingham Gate, S.W.

A letter was addressed to the London Insurance Committee in identical terms, except that in place of the last paragraph of the letter to the Commissioners it was asked whether the London Insurance Committee had received authority from the Commissioners to issue the form.

PUBLIC MEDICAL SERVICE SCHEMES.

Schemes for the treatment of uninsured persons submitted by the Woolwich Division and by the West Herts (Watford Ward) Division were approved, subject in the second case to the clearing up of one point in doubt.

INSURANCE ACT IN PARLIAMENT.

AMENDING BILL.

In reply to Mr. Worthington-Evans, the Prime Minister stated that he could not yet give a date for the introduction of the bill to amend the National Insurance Act.

MEDICAL BENEFIT TO TEMPORARY RESIDENTS.

As anticipated in our notes in a recent issue, the Commissioners have decided to establish a Central Fund to be managed by the Commissioners for the purposes of paying for the medical attendance and treatment of insured persons who either remove occasionally for a temporary purpose, as, for instance, seaside visitors, or move frequently in the course of their occupation from place to place, as, for instance, members of theatrical companies.

The proposals of the Commissioners are explained in the Memorandum 161/I.C. which was printed in our issue last week.

It is laid down that the Central Fund "must contain such a sum as will afford a rate of remuneration in respect of the fees charged against it equivalent to the average rate of remuneration received by doctors all over the country in respect of the treatment of other insured persons." To secure this object the sum to be transferred in respect of every "temporary resident" requiring treatment from the funds of the committee of the district of his previous residence will be at an ascertained "case-value." The "case-value" is ascertained by calculating the average sum paid to doctors and chemists in respect of every insured person actually treated in that committee's area—for example, if one-third of the insured population is ill, the average rate of remuneration in respect of each person requiring treatment would yield a "case-value" of 27s., being 9s. × 3, for the provision of medical attendance and drugs.

The distribution of the Central Fund in respect of persons moving from one Committee area to another is to be managed by the Commissioners, and the notification of the removals and the provision of the vouchers is substantially the only work which will fall on the Local Insurance Committee.

In order to take advantage of this arrangement, the insured person who makes a temporary move must obtain a voucher in the form of a green card, similar to the one now issued for medical men's records. This voucher will be presented by the insured person to the medical man whom he may require to call in when temporarily away from his ordinary abode.

In the case of the second class—namely, those persons who habitually move from place to place, it is proposed that the whole of the money for medical benefit (9s. for each insured person) shall be pooled in a central fund, out of which the payments will be made. In this case there is no "case-value" attached to the individual insured person, as the whole of the moneys are pooled in respect of the whole class.

Out of the Central Fund the Commissioners will credit to the different societies the amount which represents their share of the pool to pay the medical men's accounts in the area—in other words, the system is that of payment for attendance out of a pool applied to these classes of persons.

REPRESENTATIVES OF INSURED PERSONS ON INSURANCE COMMITTEES.

In reply to Mr. Snowden, Mr. Robertson stated that Regulations had been issued by the Scottish Commissioners with regard to the election of the representatives of insured persons on Insurance Committees, and the corresponding Regulations for England, Ireland, and Wales were now under consideration. The Regulations of the Scottish Commissioners were so framed as to take into account the number of members of each society operating in each committee area.

ESTIMATED COST OF ADMINISTRATION.

Mr. Jesse Collings asked the Secretary to the Treasury the total cost, including every item, of administering the National Insurance Act for the year 1912–13, and the total estimated cost of the same for the year 1913–14.—Mr. Robertson replied as follows: The figures of actual expenditure for 1912–13 are not yet available. The estimated figures for 1913–14, as I have explained in my reply to previous questions, are:

Central administration	£ 855,659
Approved societies and Insurance Committees	2,615,200
	£3,470,859

The sum of £2,615,200 includes the aggregate of the maximum amounts allowed to be carried by societies to their administration account. Any sums saved within these maximum amounts will ultimately be available after valuation for additional benefits.

MR. SCHUSTER'S APPOINTMENT.

In reply to Mr. J. D. Rees, Mr. Robertson stated that Mr. Claud Schuster had been appointed legal member of the Health Insurance Commission as from May 13th next without extra remuneration as compared with his former post of secretary and legal adviser. He stated that the separation of the posts of secretary and legal adviser would entail the addition of £1,000 a year on the administrative side in repect of the salary of the new secretary, but that a saving of about the same amount on the legal

side would be made in view of the additional time which Mr. Schuster would be able to devote to that side of the work.

Marriage Certificates.

In reply to Mr. Stanier, Mr. Masterman stated that the question of enabling insured persons who require copies of their marriage certificates in connexion with a claim for benefits under the National Insurance Act being able to obtain them at a reduced rate was receiving consideration.

Number of Lowly Paid Contributors.

In reply to Mr. Worthington-Evans, Mr. Masterman stated that the number of employed contributors of 21 and over whose rate of remuneration did not exceed 2s. a day, and in respect of whom claims had been made for the first quarter for the payment of the State contribution of 1d. were as follows:

Men	85,000
Women	326,000

These figures applied to all parts of the United Kingdom.

Medical Benefit.

Dispensing by Country Practitioners.

In reply to Mr. Fitzroy, who inquired as to whether in rural districts where a medical man dispenses his own drugs to insured persons he is entitled to have inserted in his agreement a clause securing to him the right to receive the additional 2s., and whether he was aware that county Insurance Committees, whilst assuring rural doctors that they were entitled to the money, had stated that they had no authority to insert a clause in the agreement to that effect, but that the medical men must rely on their undertaking only, Mr. Robertson said it was open to an Insurance Committee to make a special agreement to the effect suggested in the question, but it was not necessary, as the security desired was afforded by the terms of the agreement as it stood and did not depend simply on an undertaking of the committee.

Limiting Medical Lists.

Mr. Wardle called attention to a resolution of the medical men for South Shields limiting the number of patients to 800, and allocating those insured persons who had not selected their medical adviser on March 22nd, 1913, to those doctors who had less than 800 persons on their lists, and inquired whether such practice was contrary to the provision of the National Insurance Act, which guaranteed free choice of doctor, and what it was proposed to do in face of the local dissatisfaction which had been caused by this resolution. Mr. Robertson stated in reply that he understood that the method of allocation proposed had been recommended by the Local Medical Committee and by a majority of the practitioners on the panel present at a meeting held to consider the question, but that the Insurance Committee had not yet arrived at any decision. The proposed allocation only applied to those insured persons who had failed to exercise their right of choosing, and therefore it could not if adopted have the result of preventing more than 800 persons choosing a particular doctor.

Scottish Clerks' Association.

In reply to Mr. Watt, Mr. Robertson stated that it was proposed to issue within a short time a full statement with regard to the position of the Scottish Clerks' Association and the arrangements for medical benefit.

In reply to a further question by Mr. Watt, who inquired whether it was necessary for an approved society itself to employ and pay medical attendants or whether it was possible for the individual members to employ and pay where they made their own arrangements and to be refunded by the society, Mr. Robertson said that the answer of the first part of the question was in the negative, and that medical benefit would be administered by the Insurance Committees and not by the approved societies, and that persons who were allowed by Insurance Committees to make their own arrangements would receive contributions from the committees towards the cost of such attendance and treatment through the committees and not through the societies.

Scottish Insurance Committees.

In reply to Major Hope, Mr. Robertson stated that the new Scottish Insurance Committees would be constituted by July 14th at the latest, and, in answer to a further question, stated that the Scottish Insurance Commissioners had received no objections from approved societies and insured persons to the present Insurance Committees making contracts for medical attendance beyond July 14th next.

Ireland.

Sir John Lonsdale asked the Chancellor of the Exchequer if he was aware that the Conjoint Committee of the Irish Medical Association and British Medical Association received a definite pledge that a minimum capitation rate of 2s. 6d. would be provided for certification in the event of medical benefits for Ireland being deleted from the National Insurance Act; and if, in redemption of this pledge, he intends to make a further grant to enable the Irish Commissioners to meet the financial difficulties in the way of the efficient working of the Act in Ireland? —Mr. Masterman: The answer to the first part of the question is in the negative. The second does not therefore arise.

CORRESPONDENCE.

Future Action.

Dr. E. T. Larkam (Prestwich, Manchester) writes: Most medical men must agree with Drs. Courtenay Lord and Buttar that the present apathy of the profession is most unsatisfactory and may spell disaster in the future.

Many men seem quite happy and content in the knowledge that, on the panel, they will get any sum varying from 6d. to 1s. 6d. a visit or consultation, but seem totally oblivious of the fact that when the Government has them in complete subjection they will lose practically all their independence; then, indeed, will they lament their present supineness, especially when they are compelled to submit to the indignity of answering complaints, mostly trivial and vexatious, before the tribunal set up by the Act. Will life then be worth living? Surely now is the time to refuse further work, more particularly as the number of medical men and the entries at the medical schools are stated to be decreasing.

There is little doubt that, for the present, the Commissioners are causing all complaints to be shelved, with the view of placating the profession and of allowing it to fall into a false sense of security, but this will only last for a time.

It would be a good move for the many associations of non-panel men throughout the United Kingdom to form one strong combination with local branches with the view of mutual help and defence, and of endeavouring to induce the unwilling workers to leave the panels. It must not be forgotten that there are vast numbers of medical men not on the panel, and in many districts more than half the local profession is so situated.

In conclusion, we must all applaud the consistent and firm attitude taken up by Dr. Courtenay Lord and the Gillingham stalwarts.

Dr. Hector Leak (Winsford, Cheshire) writes: The fact that at present about half the work done by the medical profession is contract work is forcing us to consider the necessity of acquiring the organization best calculated to secure that this contract work will not be undertaken at a price and under conditions which are neither satisfactory to the profession nor to the advantage of the public.

That the British Medical Association as at present constituted is not the best organization for the purpose seems to be admitted. The question that arises is whether it is better for the British Medical Association to alter its organization so as to meet satisfactorily the new conditions of steadily increasing contract work, or whether a new society should be formed for the purpose. It is evidently difficult to adjust the British Medical Association to the new conditions, and it would appear to be both easier and better for the British Medical Association to form a new society for this special purpose.

If this latter method were adopted, the British Medical Association should hand over to the new society the "maintenance of the honour and interests of the medical profession," including the ethical and political work, so that the new society should not merely be one for securing

fair conditions of service as between medical men and their patients or the public, but should also help to regulate the behaviour of medical men to one another, and by political action help to secure that the health of the community should be properly cared for, as well as the interests of the profession efficiently guarded. The British Medical Association would then become a purely scientific body most helpful to the advancement and dissemination of medical knowledge.

To the new society would become affiliated the societies which exist for the protection of the interests of special groups of medical men, as the Poor Law Officers' Association, the Association of Public Vaccinators, etc., and these would have representatives on the governing body. It would probably take over the work of the medical defence societies and benevolent and other work for the benefit of the profession.

It would be necessary for such a society to build up a large fund in order to compensate those members who might suffer from adherence to its policy, and to form a bond of union amongst its members. For this purpose a much larger subscription would be necessary—at all events at the commencement—than the subscription to the British Medical Association; and with advantage it might be made to include membership of the British Medical Association, or at least the receipt of the JOURNAL, the SUPPLEMENT of which would constitute the organ of the new society. Such a society would in a very short time justify its existence and its cost by improved conditions of service, including remuneration, and be helpful to the public by maintaining the proper status of medicine and public health.

Dr. A. E. BROWN (Lady Grey, Aliwal North, C.P.) writes: Please find enclosed cheque for £3 3s., being first contribution to Central Insurance Defence Fund. I wish the fund every success, and trust there will be a wide and generous response to it from all parts of the world.

I, as a humble unit, have been following with close interest the action taken by the British Medical Association in the United Kingdom in defence of the honour and interests of the medical profession and in defence of scientific progress.

I am of opinion that the Insurance Act in its present form will affect most unfavourably the welfare of those it is calculated to benefit—namely, the insured—and can have but the most disastrous consequences on the morale of the medical profession and on the progress of medical science. It is but a glorified form of "club practice" on a large scale, and carries with it all the evils of this form of contract practice.

It is to be regretted that we did not maintain to the end the *esprit de corps* evinced in the earlier stages of the campaign, and to a man refuse to work the Insurance Act in its present form. The British Medical Association needs to be reorganized on a trade union basis, and the contribution of members considerably raised to meet emergencies of this description as they arise in the United Kingdom and elsewhere. A substantial defence fund will greatly assist to maintain the much needed *esprit de corps*, would work for the benefit of the general public, our material benefit, our honour, and self-respect. I am for one quite willing to subscribe £5 5s. or more annually to secure respect for our profession if others will do the same.

CO-ORDINATION OF MEDICAL BODIES.

Dr. HARDING H. TOMKINS (Vice-Chairman, South-West Essex Division) writes: Under the above heading, in the SUPPLEMENT of April 19th, p. 341, my name is mentioned in connexion with a "scheme for co-ordination of medical bodies in an area." While thanking the State Sickness Insurance Committee for giving me an opportunity to lay the matter before them by appointing me upon the Special Fund Subcommittee, I would like to say the scheme is for the co-ordination of *every medical body with all the Divisions of the Association* by means of whole-time paid medical organizers. I have hopes they might be recognized as Representatives, and so present the accumulated knowledge of the opinions of members and non-members to that body in a very much shorter time than is taken by the usual routine, and more concisely, since in the past fight many Divisions did not even discuss some of the points sent down for their consideration, which fact afterwards formed the basis for the repudiation of policy adopted at the Representative Meeting. They would actually present all important points to the meetings personally throughout the kingdom, as each being responsible for a definite group of counties, could arrange meetings to fall consecutively so that he could be present. This is an idea I have had for some years, and Dr. Ross Steen presented one to my Local Medical Committee (Essex) almost identical, with a suggestion for financing it, and other details which as secretary I was asked to propose to the central authorities of the British Medical Association. I do not desire to claim the scheme as my own.

At a meeting of members of medical unions of east and north-east London and other bodies, at which I was present, a resolution was passed asking the British Medical Association, "in view of the coming Representative Meeting at Brighton, to call a meeting of chairmen and secretaries of all Local (statutory) and Provisional Medical Committees, and all other bodies interested in medical organization, to consider the national organization and consolidation of the entire medical profession."

MEDICAL TREATMENT OF TEMPORARY RESIDENTS.

Dr. J. W. PRIDMORE (Honorary Secretary, Isle of Wight Local Medical Committee) writes: I must apologize for writing again, and plead the importance of the subject as my excuse. The memorandum which we have all received within the last few days, on the medical treatment of temporary residents who are insured persons, should be received with a burst of indignation by the whole of the medical profession, more especially those members of it who are resident in health resorts and the larger manufacturing centres from which this class of beneficiaries is largely drawn.

The National Health Insurance Commissioners, with Mr. Lloyd George at their back, appear to excel all other bodies—past, present, or, it is to be hoped, future—in their barefaced way of transferring the contents of one trouser-pocket into its fellow on the opposite side. They calmly ask the doctors in health resorts to pay their professional brethren in manufacturing districts, and vice versa.

The system on which the memorandum is founded is the formation of a central fund from which medical accounts are to be paid. So far, so good. But the method of its formation is the deduction from the minimum 6s. 6d. originally promised of a sum in inverse proportion to the excellence of the public health in each particular district. It is thus self-evident that practitioners in health resorts will have to pay heavily for the privilege of having the accounts of visitors settled under the Insurance Act.

Twelve months ago such juggling with figures would have raised a veritable storm of protest; let us hope that the same spirit will be in evidence now. It remains therefore to be seen whether we shall accept this system, whereby we are allowed meekly to pay our own bills, or insist on payment on an equitable and more satisfactory basis.

MATERNITY BENEFIT.

Dr. T. RANDOLPH HUNTER (Cardenden, Fife, N.B.) writes: It seemed to come as a great surprise that maternity benefit forms are being signed at least in Fife by persons unskilled and uncertificated. The space left to be signed by person who attends the case has distinctly printed "Name of doctor or certified midwife." In our district "next door neighbours" are often called in, and after giving what attention they can, sign the maternity benefit form. The maternity benefit was provided so that women who are going to be confined should be attended by a person possessed of proper skill. In the present state of affairs it is only too evident the doctors will be called in only in difficult cases, or when the inexperienced persons fail. Surely this cannot be to the advantage of the patient, who more than likely is contaminated by the dirty fingers of an inexperienced woman. Another point: We are called in about the third day because the person who was confined is not keeping well. We attend for the remainder of the period until the patient has recovered, and get no fee.

This is unfair to medical men. Unless the medical

profession take some kind of stand to prevent being imposed on, it is difficult to know what we may be asked to submit to. It seems regrettable that now Scotland has adopted a national basis for attendance on miners' dependants that a national tariff cannot be drawn up to regulate maternity fees, vaccinations, and other branches of medical or surgical work. Some years ago Burnley, I know, had a uniform list of charges drawn up, and it was a decided boon, binding all medical men in the town to the same charges. Undercutting is no doubt the great drawback to the welfare of our profession.

I trust some one will be able to suggest some remedy for the above complaints.

Hospitals and Asylums.

KENT COUNTY LUNATIC ASYLUMS.

Barming Heath.

THE feature of the administration of this asylum during 1911 was the improvement of the conditions under which the staff live. The bedrooms were refurnished and decorated, and mess-rooms and recreation rooms provided. As the Medical Superintendent, Dr. H. Wolseley Lewis, points out, the noticeable improvement of the behaviour of insane patients which has occurred in the last half century so marked that "furious mania," has become practically extinct, is due in no small degree to the altered attitude to the patients of their attendant staff, and everything that conduces to the comfort and well-being of the staff helps to secure the service of a higher class of attendants, and thus at the same time directly benefits the asylum patients.

The year 1911 was also characterized by the lowest admission-rate for twenty years, the highest recovery-rate for nineteen years, and the lowest death-rate ever recorded at this institution. On January 1st, 1911, there were 1,629 patients in the asylum, and on December 31st, 1911, there were 1,952, and the average number daily resident was 1,607. During the year 323 were admitted, of whom 296 were direct and 27 indirect admissions. Of the direct admissions, in 95 the attacks were first attacks within three, and in 52 more within twelve months of admission; in 80 instances the attacks were not the first, and in 4 it was not known whether the attacks were first attacks or not; and in the remainder, including 22 congenital cases, the illness was of more than twelve months' duration on admission.

The direct admissions were classified according to the forms of mental disorder into: Recent mania 43, chronic and recurrent 16; recent melancholia 85, chronic and recurrent 26; senile and secondary dementia, 18; delusional insanity, 19; insanity with epilepsy, 21; general paralysis, 15; primary dementia, 12; alternating insanity, 8; insanity with gross brain lesions, 4; less common forms, 7; and congenital defect, 22. As to causation, and still considering only the direct admissions, alcohol was assigned in 35, syphilis in 16, and other toxins in 10; diseases of the nervous system in 55; various bodily diseases in 9; critical periods in 73; child-bearing in 19; bodily trauma in 16; and mental stress in 82. An insane heredity was ascertained in 105, an epileptic heredity in 4, a neurotic heredity in 10, and an alcoholic heredity in 25.

During the year 142 were discharged as recovered, giving a recovery-rate on the direct admissions of 47.9 per cent., or of recoveries in and on the direct admissions of 44.5 per cent. Also 20 were discharged as relieved and 47 as not improved. During the year 124 died, giving a death-rate on the average number resident of 7.7 per cent. The deaths were due in 19 to diseases of the nervous system, including 15 from general paralysis; in 17 to heart disease and in 14 to diseases of the blood-vessels; in 11 to respiratory diseases; in 4 to diseases of the alimentary system; in 5 to genito-urinary diseases; in 1 to suicide; and in the remainder to general diseases, including 6 from senile decay, 7 from dysentery, and 26, or 20 per cent. of the total deaths, from tuberculous diseases.

There were 2 cases of scarlet fever among the female patients both of whom recovered, and 24 cases of dysentery, of whom 7 died. The mortality (20.8 per cent.) among the cases of dysentery was an improvement on the previous year.

GLASGOW EYE INFIRMARY.

THE report presented to the annual meeting of contributors to the Glasgow Eye Infirmary, over which Sir Hector Cameron presided, stated that the number of house-patients during the year was 1,641. The average daily number was 79.7, as against 78.7 in the previous year. Of the total cases 981 were cured, 536 improved, 56 were unchanged or left before completion of treatment, and 68 remained in the house at the end of the year. The total number of new cases attending the dispensaries in Berkeley Street and Charlotte Street was 28,548. The total ordinary income amounted to £4,533, and a sum of £513 was collected by special appeal. The ordinary expenditure was £5,775, as against £5,164 in the previous year. The chairman, in moving the adoption of the report, emphasized the need for more liberal support from the public, and pointed out that, having regard to the special services which it rendered, the Eye Infirmary would not be affected by the National Insurance Act, and that its claim on the charity or generosity of the public was quite as great, and even greater, than before the Act was passed. The report was adopted.

Meetings of Branches and Divisions.

[The proceedings of the Divisions and Branches of the Association relating to Scientific and Clinical Medicine, when reported by the Honorary Secretaries, are published in the body of the JOURNAL.]

LANCASHIRE AND CHESHIRE BRANCH:

ROCHDALE DIVISION.

THE annual meeting of the Division was held on April 16th, when Dr. GEDDES occupied the chair, and thirteen other members were present.

Annual Report.—The annual report showed that there had been added to the members—who at the end of 1911 numbered 53—three members who had moved into the area from other districts, and 2 new members, making a total of 58; there had been 1 death, 2 resignations, and 1 member had ceased owing to arrears, so that the net membership at the end of 1912 was 54. The financial statement showed a balance in hand slightly larger than at the end of the previous year, and it was stated that the expenses of the Local Provisional Committee had been defrayed from head quarters.

Election of Officers.—The following officers were unanimously elected for the ensuing year: *Chairman*, Dr. Geddes (Heywood); *Vice-Chairman*, Dr. Lord (Castleton); *Secretary and Treasurer*, James Melvin (Rochdale); *Representative to Representative Meeting*, Dr. Walker (Rochdale); *Deputy Representative*, Dr. Lord (Castleton). The following with the officers were elected to form the Executive Committee: Drs. Carse, Grant, Harris, and Walker.

Expenses of Representatives, Councillors, and Committees.—On the motion of Dr. BATEMAN, seconded by Dr. STANDING, it was unanimously resolved:

That a voluntary levy of 5s. be made by each member of the Division.

Dr. CARSE moved, and Dr. GRANT seconded, the following motion, which was carried unanimously:

That our Representative be paid £2 2s. per day for expenses at the Representative Meeting.

Votes of Thanks.—Dr. HITCHON moved, and Dr. KILROE seconded, and it was unanimously resolved:

That the best thanks of this meeting be given to Dr. Brown, of Bacup, for his services for the past years as our Representative.

On the motion of Dr. HITCHON, seconded by Dr. BATEMAN, it was unanimously resolved:

That a hearty vote of thanks be passed to the officers for their services during the past year.

Chemists and the Insurance Act.—A letter was read from head quarters on the chemists' new tariff, and, on the motion of Dr. KILROE, seconded by Dr. HARTLEY, it was referred to the Medical Committee. Dr. GRANT moved, and Dr. WALKER seconded:

That a committee be formed to draw up a minimum medical tariff.

This was carried, and the following were elected as the committee: Drs. Chadwick, Cox, Forbes, Geddes, Grant, Henry, Kerr, Lord, Melvin, Standing, Stanwell, H. Thorp, and Walker. The first meeting to be held on Wednesday, April 30th.

METROPOLITAN COUNTIES BRANCH:

CAMBERWELL DIVISION.

A SPECIAL meeting was held on March 27th at Southwark Infirmary, East Dulwich Grove, to consider the alteration of certain rules of the Division. Dr. CAPES was in the chair, and nine members and two visitors were present.

Rules of Division.—Certain alterations in the rules of the Division as passed on November 14th, 1912, were unanimously agreed upon.

At the conclusion of the special meeting an ordinary meeting was held.

Camberwell Borough Council's Employees' Sick Benefit Society.—The HONORARY SECRETARY read a letter from Dr. D. M. Sergeant stating that in the case of the medical appointments under the Camberwell Borough Council's

Employees' Sick Benefit Society, the original holders of the posts had been reinstated in their position at a capitation fee of 8s. 6d.

Paper.—Dr. HECTOR CAMERON, Physician in Charge of the Department for Diseases of Children at Guy's Hospital, then read a paper (see page 872 of this issue) on "The Uses and Abuses of Patent Foods in Infancy," at the conclusion of which an interesting discussion took place in which Messrs. CAPES, ESLER, CLARK, LANGFORD, CLITHEROW, BATTEN, and PARTRIDGE took part.

Treatment of School Children.—A communication was read from the Honorary Secretary of the Metropolitan Counties Branch as to the appointment of a medical officer to undertake the treatment of school children under the London County Council suffering from minor ailments by a district nursing association. After the matter had been discussed, Dr. PARTRIDGE proposed and Dr. BATTEN seconded the following resolution, which was carried unanimously:

> That when public money is expended, nominations for medical appointments should be made either by a body of medical men or by a duly elected body representative of the ratepayers.

Votes of Thanks.—Votes of thanks to Dr. Cameron for his very interesting paper, and to Dr. Bruce, Medical Superintendent of the Infirmary, for his hospitality, were carried unanimously.

EAST HERTFORDSHIRE DIVISION.

A MEETING of this Division was held at the Shire Hall, Hertford, on April 16th. Dr. BOYD was in the chair, and seventeen members were present.

Insurance Act.—Arising out of the minutes of the last meeting the HONORARY SECRETARY reported:

1. That the scheme proposed by the Hertfordshire Midwives Association for guaranteeing payment to doctors called to the assistance of midwives would be dropped, as the suggested fees were in the opinion of the County Medical Committee quite inadequate.
2. That three more medical practitioners had been appointed to the County Insurance Committee, making five in all, namely, Dr. Burnett Smith nominated by the County Council, and Drs. Shelly and Dockray by the Insurance Commissioners.
3. That further nominations to District Insurance Committees were as follows:—*Ware:* Drs. Boyd and Sturge. *Hertford:* Drs. Shelly and Lawson Smith. *Hitchin:* Drs. Gilbertson and Macfadyen. *Hatfield:* Dr. Brittain.

Contract Terms for Uninsured Members of Friendly Societies.—Reports were received from the various districts which showed that the societies for the most part had agreed to pay 8s. 6d. a year, and in one district 10s. The only exception appeared to be in Hitchin, where it was reported that two societies had succeeded in making arrangements for 5s. a year. The Honorary Secretary was instructed to make inquiries in regard to this, and if the report proved to be correct to make a strong protest.

Local Insurance Committee.—A letter was received from the Honorary Secretary of the County Medical Committee in reference to various points in connexion with the administration of medical and maternity benefits. The views of the Division being invited as to the best means of providing funds for the expenses of the Medical Committee, it was resolved (*nem. con.*) that a levy should be made of one farthing for each insured person on a practitioner's list.

Ethical Rules.—The question of the adoption of ethical rules by the Division was then discussed, and it was finally agreed to adopt the model rules as issued by the Central Ethical Committee.

OXFORD AND READING BRANCH:

OXFORD DIVISION.

A SPECIAL general meeting of the Division was held on April 4th at the Radcliffe Infirmary, Oxford. In the absence of Sir William Osler, Dr. TURRELL took the chair. About thirty members attended.

Contracting Out.

Mr. H. FREEBORN addressed the meeting on the subject of his application, on behalf of the Great Western Railway men, to the City Insurance Committee that they should be allowed to contract out under him. He understood that the panel doctors had informed the Committee that they were against any doctor coming on the panel for a restricted class of patient, but he had no wish to join the panel at all. He had held the railway club for twenty-nine years, and wished to retain it, and argued for the free choice of doctor which the Act promised. Dr. RIVERS-WILLSON, a representative on the Insurance Committee, said that Mr. Freeborn's application came before the Committee in the form of an application to join the panel for this special class of railway men alone. So far as contracting out was concerned, he informed the Committee that he had been instructed by the Medical Committee to apply for as large a measure of contracting out as possible, and that was his own wish. Dr. HIGGS, also a representative on the Insurance Committee, pointed out that the question of contracting out was outside the province of the panel doctors; what did concern them, and what they were empowered by the Commissioners to express an opinion on was the question of a doctor joining the panel for a restricted class of patients without taking his share of allocated patients. To this proposal the panel doctors were hostile. In the course of further discussion it appeared that the panel doctors were not in favour of special communities, other than those already specified by the Commissioners, being allowed to contract out, as it was thought such a course would leave an unfair proportion of undesirables to be attended by the panel doctors.

Constitution of the Committee.

The Secretary, Dr. DUIGAN, raised the question of the relative position of the Medical Committee and of the doctors on the panel. There seemed to be some danger of their adopting mutually hostile attitudes on such a subject as contracting out.

Dr. HIGGS said that there were only five panel doctors on the Medical Committee out of fifteen members, and that they did not consider that sufficient representation.

Dr. TURRELL, Chairman, said that any cleavage was to be deprecated; the Medical Committee had endeavoured to represent the views of men on and off the panel.

After some further discussion, a proposal by Dr. COLLIER to appoint a subcommittee to organize the Medical Committee on a better representative basis was adopted *nemine contradicente*. Drs. Collier, Higgs, Duigan, Rivers-Willson, and Mallam were chosen to serve on it.

Tuberculosis Officer.

A letter from Sir William Osler, Chairman, was read, in which he expressed an opinion in favour of the appointment of a whole-time tuberculosis officer for city and county, the work to be carried on in connexion with the Infirmary. After the matter had been discussed at some length, a resolution approving the appointment of a whole-time clinical tuberculosis officer (or officers) for the city and county of Oxford was adopted, with two dissentients.

SOUTH-EASTERN OF IRELAND BRANCH.

AN ordinary meeting of the Branch was held at Carlow on April 2nd. Six members were present, and Dr. COLGAN was elected to the chair.

A vote of sympathy and condolence with the relatives of the late Dr. Carey was adopted, and Dr. J. V. Ryan (Carlow) was elected in Dr. Carey's place to represent the Branch on the Irish Committee.

SOUTH MIDLAND BRANCH:

BUCKINGHAMSHIRE DIVISION.

A MEETING of the Bucks Division was held on April 11th, at the Royal Bucks Hospital. The weather was very inclement, a heavy snowstorm prevailing, and this accounted for the small attendance. In the absence of the Chairman and the Vice-Chairman, Dr. BAKER was voted to the chair, and eleven other members and two visitors were present.

Paper.—Dr. BURRA read a paper on the diagnosis of early tuberculosis. A discussion took place in which Drs. BRADBROOK, HENDERSON, KENNISH, LARKING, PERRIN, and BAKER took part. A hearty vote of thanks was passed, and a wish was expressed that Dr. Burra would read another paper on treatment.

Motions for the Representative Meeting.—The following motions to be brought forward at the Representative Meeting were passed:

1. That the election of members be by Divisions, and not, as heretofore, by the Branch Councils.
2. That the mode of election of the Central Council be altered so that more notice is given of any vacancy, and an

opportunity given of publishing an address on candidates in the Journal.

A third motion referring to a proposed election of associate members at a reduced subscription who should receive the Supplement only and be allowed the other privileges of members was lost by 5 votes to 4.

Treatment of Uninsured Persons.—The question of the treatment of uninsured persons was discussed, and a letter read from Mr. Tunks, Secretary of a body called the Bucks Friendly Society Council asking that a deputation from the Division should meet them. The Secretary was instructed to reply to this letter, and it was decided that a report should be submitted to the next meeting of the Division.

Ethical Procedure.—The Secretary reported an ethical case, with regard to which a recommendation had been made, that he had not carried out all the procedure detailed in the new ethical rules. It would have cost a good deal for postage and printing. The meeting decided that the complainant be asked if he wished the case to go on, considering the expense it would entail, and whether he would be satisfied if the decision of the Committee were communicated to the defendant and the matter allowed to drop. It was pointed out that a member who had been censured by the vote of a Division incurred the risk of being refused to be met in consultation, etc.

Northamptonshire Division.

A meeting of this Division was held at the Northampton General Hospital on April 10th. Dr. Baxter was in the chair and twenty-one other members were present.

Dr. Dryland gave a short report of the last Representative Meeting, and a hearty vote of thanks was accorded to him for his services.

Fees for Uninsured Persons.—Dr. Hichens read a communication from the Medical Secretary of the Association urging that the Local Medical Committees should not take the place of the Association, and emphasizing the importance of obtaining proper fees for uninsured persons. He also read letters from Dr. Boissier of Banbury and Dr. Larking, Secretary to the Buckinghamshire Division, emphasizing the latter point. In the general discussion which followed Dr. Baxter urged that the fees must on no account be lowered and ought to be increased where the friendly societies had the 2s. 6d. a head promised to them. Dr. Cooke spoke of the fees in Northampton, Dr. Dryland of those in Kettering, Dr. Robb and Dr. Hollis of those in Wellingborough, and Dr. Darley and Dr. Churchouse of those in the Mid Division of the county.

Model Ethical Rules.—The model ethical rules were adopted.

Certificates.—On the proposition of Dr. Baxter, seconded by Dr. Robb, the following motion was carried:

> That the forms of certificates of the various approved friendly societies by their variety, and in many instances by their unsuitability, interfere seriously with the legitimate work of panel doctors. This Committee is of opinion that the best way to deal with this question is by the Commissioners issuing approved forms for general adoption by the societies.

Medical Referee under the Insurance Act.—Dr. Baxter raised the question of appointing a medical referee to prevent malingering under the Insurance Act.

Expenses of Medical Committee.—It was unanimously resolved that a deduction of 5s. per cent. from the quarterly payments to panel doctors should be made to defray the secretarial expenses of the Medical Committee and for medical charity.

STAFFORDSHIRE BRANCH:

Mid-Staffordshire Division.

A meeting of the Division was held at Stafford on April 15th. The chair was taken by Dr. Cooper, and twenty-three other members were present.

Appointment of Secretary.—Dr. T. D. S. Shaw (Lichfield) was appointed Honorary Secretary.

Contract Practice.—A resolution relating to contract practice at Rugeley was then considered and adopted.

National Insurance Act.—The Chairman proposed—"That in view of the fact that probably some 10,000 members of the Association are now acting on the panels under the National Insurance Act, it is evident that the Act is not 'unworkable,' and that it is a reflection on them to say that they are taking part in something which is 'derogatory' to the profession, the Representative Body rescinds Minute 21 of the Special Representative Meeting of December, 1912, and Minute 45 of the Special Representative Meeting of January, 1913, and resolves that the policy of the Association in regard to the Act is as contained in Minute 48 of the Special Representative Meeting, January, 1913, namely—

> That the Council be instructed: (*a*) To take all necessary steps to watch and protect the interests of the profession under the National Insurance Act. (*b*) To take any opportunity that may be afforded for placing the representatives of the Association on the Advisory and Insurance Committees. (*c*) To obtain statutory recognition of Local Medical Committees in every insurance area. (*d*) To collect information as to defects in the Act and Regulations and to take all possible opportunities of remedying them."

The motion was seconded by Dr. Hodder. The following members also spoke: *Pro.*—Drs. Stack and Lowe; *Con.*—Drs. Reid, Rowland, Priestley, Miller, Blumer, Freer, McVittie. On a vote being taken there voted for the resolution, 3; against, 16. The Chairman and four members did not vote.

WEST SOMERSET BRANCH.

The spring meeting was held at the Taunton and Somerset Hospital on April 8th, at 3.30. Dr. Balfour Stewart took the chair, fifteen in all being present.

Election of Representative.—Dr. Macdonald was re-elected Representative of the Branch by acclamation. Dr. Macdonald briefly thanked the Branch for his re-election, and made a short reference to the amount of work the post had entailed in the past year. He also referred to the work being done by the County Medical Committee, and said that there was a decided danger in these committees causing difficulties, owing to the inclination to enter upon work which was no part of the duties for which they had been appointed.

Ethical Rules.—The rules governing procedure in ethical matters of a Branch, as approved by the Representative Body, July, 1912, were unanimously adopted, and on the motion of Dr. Gomez, seconded by Mr. Williams, it was resolved that a copy be sent to each member of the Branch.

Clinical Cases and Specimens.—The following clinical cases and specimens were exhibited:—Dr. Birkbeck: A case of genu recurvatum; a specimen of a calcified thyroid cyst; an unusual fibroid tumour of the uterus. Mr. Farrant: A stone removed from the pelvis of a kidney, evidently formed by the deposit of oxalates on an old blood clot; two stones (phosphatic) which had been passed per urethram; two specimens of prostates which had been removed suprapubically. Mr. Penrose Williams: Three specimens of resections of the bowel; a parenchymatous goitre; a parovarian cyst, which by acute torsion had simulated a case of appendicitis. Mr. A. J. H. Iles showed some interesting radiograms of some rare conditions.

BOMBAY BRANCH.

The annual meeting of the Bombay Branch was held in the University Library on March 14th. Dr. Sorab K. Nariman occupied the chair, and about twenty members were present.

Branch Council.—The Branch Council was then elected according to Rules 5, 6, and 9 of the Branch as follows:

President, Surgeon-General H. W. Stevenson, I.M.S., C.S.I.; *Vice-Presidents*, Lieutenant-Colonel C. H. L. Meyer, I.M.S., and Dr. Sorab Nariman, M.D.; *Honorary Secretary and Treasurer*, D. R. Bardi, Esq., F.R.C.S.I.; *Members of the Branch Council*, Lieutenant-Colonel Ashton Street, I.M.S., Dr. R. Row, M.D., D.Sc., Major E. F. Gordon Tucker, I.M.S., Dr. Sorab Engineer, M.R.C.P.Edin., Miss A. M. Benson, M.D., Assistant Surgeon Eruch Bharucha.

Annual Report and Financial Statement.—The report of the Branch Council and the statement of accounts were received and adopted.

Election of Representative.—On the motion of Dr. Sorab Nariman, seconded by Dr. D. R. Bardi, it was unanimously resolved to elect Lieutenant-Colonel C. H. L. Meyer, I.M.S., as the Representative in Representative Meetings for the year 1913–14.

Election of Members.—It was announced that the following members had been elected by the Branch Council: Drs. A. K. Dalal, J. S. Shah, D. P. Karaka, and N. B. Mehta.

Vote of Thanks.—After a hearty vote of thanks, proposed by Major GORDON TUCKER, I.M.S., and seconded by Dr. SORAB NARIMAN, had been passed unanimously for the successful and good work done by the Honorary Secretary (Dr. Bardi), which was suitably acknowledged by him, the meeting was dissolved.

HONG KONG AND CHINA BRANCH.

THE third meeting of the Session 1912–13 of the Hong Kong and China Branch of the British Medical Association was held at the offices of the Sanitary Board at 9 p.m. on March 7th. Colonel J. M. IRWIN, President, was in the chair, and twenty other members were present. Dr. J. Mitford Atkinson was nominated to represent the Hong Kong and Malaya Branch on the Central Council, Dr. Forsyth was elected Representative at the Annual Representative Meeting, and Dr. O. Marriott (Honorary Secretary) was appointed to represent the Branch at the meeting of secretaries.

Association Notices.

ADJOURNED COUNCIL MEETING.

THE Council not having concluded its business at 11.15 p.m. on April 23rd, the meeting stood adjourned to 2 o'clock in the afternoon of Wednesday next, April 30th.

GUY ELLISTON,
Financial Secretary and Business Manager.

April 24th, 1913.

NEW BRANCH: CHANGE OF NAME OF A DIVISION.

THE following changes have been made in accordance with the Regulations of the Association, and take effect from the date of publication of these notices:

1. FORMATION OF A NEW BRANCH OF THE ASSOCIATION.

Orange Free State Branch.

THAT a new Branch of the Association be formed, to be known as the Orange Free State Branch, and that the Branch area consist of the combined areas of (1) the Orange Free State Province and (2) Basutoland.

Representation in Representative Body.—Under the general principle adopted by the Council with regard to the representation in the Representative Body of Branches outside the United Kingdom, the new Branch will be entitled to separate representation in the Representative Body for 1914–15, to return one Representative.

2. CHANGE OF NAME OF A DIVISION.

Rochester and Chatham Division.

That the Rochester and Chatham Division be henceforth designated the "Rochester, Chatham and Gillingham Division."

BRANCH AND DIVISION MEETINGS TO BE HELD.

To ensure the insertion of notices in this column they must be received at the Central Offices of the Association not later than the first post on Tuesday.

BATH AND BRISTOL BRANCH.—Mr. W. M. Beaumont and Dr. Newman Neild, Honorary Secretaries, give notice that the sixth ordinary meeting of the session will be held at the Museum, Bath, on Wednesday, April 30th, at 8 p.m., Dr. Roxburgh, President, in the chair. The following communications are expected: (1) C. E. S. Flemming: Acute Oedema of the Lung. (2) G. H. H. Almond, M.B.: The Urinary Products of Intestinal Intoxication. (3) T. Pagan Lowe: A Note on the Physiological Action of Radio-active Water. (4) R. Waterhouse, M.D.: A Case of Cervical Rib.

BIRMINGHAM BRANCH: CENTRAL DIVISION.—The Honorary Secretaries, Dr. Ernest C. Hadley, Burbury Street, Lozells, Birmingham, and Dr. H. Hoyle Whaite, Elsinore, Gravelly Hill, Birmingham, give notice that nominations for the following officers must be in the hands of the Honorary Secretaries by the first post on Monday, May 5th, in order that the names may be inserted in the notice convening the annual meeting of the Division to be held shortly: (1) Four Representatives on the Representative Body, (2) Chairman, (3) Vice-Chairman, (4) Honorary Secretaries.

EAST ANGLIAN BRANCH.—The spring meeting of this Branch will be held at Colchester on Wednesday, April 30th. Members wishing to read papers or to show cases or specimens should communicate at once with me.—B. H. NICHOLSON, Colchester.

DORSET AND WEST HANTS BRANCH.—The annual meeting will be held at Bournemouth on May 21st. Notices of motion should be sent to the Honorary Secretary by May 7th. The President-elect has very kindly invited members to luncheon at his house.—FRANK FOWLER, Honorary Secretary, 29, Poole Road, Bournemouth.

DORSET AND WEST HANTS BRANCH: BOURNEMOUTH DIVISION.—Dr. Eleanor C. Bond, Honorary Secretary, gives notice that the annual meeting of the Division will be held at the Medical Library, 74, Old Christchurch Road, Bournemouth, on Wednesday, April 30th, at 4 p.m., to elect officers for the ensuing year and to transact other business.

LANCASHIRE AND CHESHIRE BRANCH: ALTRINCHAM DIVISION.—Dr. H. G. Cooper, Honorary Secretary (Foye, Manchester Road, Altrincham), gives notice that the general meeting of the Division will be held at the Lion and Railway Hotel, Northwich, on Wednesday, April 30th, at 4.30 p.m. A dinner will be held after the meeting if sufficient names be received by the Honorary Secretary before April 28th.

METROPOLITAN COUNTIES BRANCH: CAMBERWELL DIVISION.—Dr. J. H. Clatworthy, Honorary Secretary, 145, Denmark Hill, S.E., gives notice that the annual general meeting will take place at the Camberwell Infirmary, Brunswick Square, S.E., on Thursday, May 1st, at 4 p.m., when the executive officers for the session 1913–14 will be elected. The executive have nominated officers, but further nominations will be received by the Honorary Secretary before or at the meeting. The Honorary Secretary will make his annual report, and the meeting will consider the motions for the Annual Representative Meeting at Brighton and instruct the Representatives. Dr. W. J. C. Keats, Medical Superintendent of the Camberwell Infirmary, will demonstrate cases in the wards.

MIDLAND BRANCH: LINCOLN DIVISION.—The annual meeting of the Division will be held in Lincoln on May 1st.—J. S. CHATER, Honorary Secretary, 169, Monk's Road, Lincoln.

NORTH LANCASHIRE AND SOUTH WESTMORLAND BRANCH: FURNESS DIVISION.—Dr. John Livingston, Honorary Secretary, 18, Hartington Street, Barrow-in-Furness, gives notice that the annual meeting of the Division will be held on Friday, May 16th. (By a printer's error the postcard issued gave a wrong date.)

NORTH OF ENGLAND BRANCH: NEWCASTLE-UPON-TYNE DIVISION.—Mr. R. J. Willan, F.R.C.S., Honorary Secretary, 25, Ellison Place, Newcastle-upon-Tyne, gives notice that the annual meeting will be held at the Royal Victoria Infirmary, Newcastle-upon-Tyne, on Wednesday, May 7th, at 8.30 p.m. The business of the meeting will be to elect a Chairman, Vice-Chairman, Honorary Secretary, two Representatives and two Deputy Representatives at Representative Meetings, eight Representatives on the North of England Branch Council, and twelve ordinary members of the Executive Committee; to receive the annual report; to consider the business of the Annual Representative Meeting; to elect Representatives entitled to inspect the Newcastle Education Treatment Centres; and to propose a new rule making the Honorary Secretaryship of the winter scientific meetings of the Division a separate appointment, and to provide that the incumbent shall be an *ex officio* member of the Executive Committee of the Division.

SOUTH-EASTERN OF IRELAND BRANCH.—The annual meeting of the South-Eastern of Ireland Branch will be held in Kilkenny Victoria Hotel on Wednesday, May 7th, at 5.15 p.m., for the installation of President-elect, the election of officers of the Branch for the ensuing year, and any other business.—P. GRACE, Honorary Secretary.

CENTRAL MIDWIVES BOARD.

A meeting of the Central Midwives Board was held at Caxton House, Westminster, on April 17th, with Sir Francis H. Champneys in the chair.

National Insurance Act.

A letter was considered from the Town Clerk of Birmingham with regard to the effect of the National Insurance Act on the work and future training of midwives. The Board decided to inform the Town Clerk (*a*) that the question does not come within the scope of the duties of the Board, and (*b*) that the correspondence will be forwarded to the Privy Council.

Nurses' Case Book.

A letter was considered from the clerk of the Flintshire County Council suggesting that the Board should adopt "a simpler form of case book . . . for the use of nurses." The Board decided to reply that it sympathized with the difficulty of the Flintshire County Council, but that the register had been carefully thought out, and it was hoped that the education of the midwives might so greatly improve as to render any alteration of it unnecessary.

Attendance of Midwives with Pupils.

A letter was considered from the Clerk of the Middlesex County Council inquiring as to the extent to which "approved" midwives should themselves attend with their pupils (*a*) at the time of the confinement, (*b*) during the lying-in period. The Board decided to reply that it holds each "approved" midwife directly responsible for the cases attended, and for any neglect in supervising the training of pupils, but did not specify the number of visits which must be paid, as this must vary greatly in different cases.

Vital Statistics.

VITAL STATISTICS OF METROPOLITAN BOROUGHS DURING 1912.

[Specially Reported for the "British Medical Journal."]

In the accompanying table will be found summarized the vital statistics of the City of London and of each of the metropolitan boroughs based upon the Registrar-General's returns for the year 1912. The mortality figures relate to the deaths of persons actually belonging to the several boroughs, the deaths occurring in public institutions having been distributed among the boroughs in which the deceased persons had previously resided.

The 111,551 births registered in London during 1912 were equal to a rate of 24.7 per 1,000 of the population, estimated at 4,519,754 persons in the middle of the year. The lowest birth-rates last year in the several boroughs were 13.6 in the City of Westminster, 14.3 in Hampstead, 17.8 in Chelsea, 18.0 in Kensington, 19.5 in Paddington, and 19.7 in Stoke Newington; among the highest rates were 30.1 in Poplar, 30.4 in Bermondsey, 30.6 in Shoreditch, 32.4 in Stepney, and 36.7 in Finsbury.

The deaths of 61,100 London residents registered during the year were at the rate of 13.6 per 1,000 of the population, the rates in the three preceding years having been 14.0, 12.7, and 15.0 per 1,000. Among the several boroughs the death-rates ranged from 9.8 in Hampstead, 10.2 in Wandsworth, 10.4 in Lewisham, 11.6 in Woolwich, and 12.1 in Stoke Newington and in Hackney to 16.4 in Poplar, 16.7 in Southwark, 16.8 in Bermondsey, 18.1 in Shoreditch, and 18.8 in Finsbury.

During last year 4,869 deaths were referred to the principal infectious diseases; of these 117 resulted from enteric fever, 1 from small-pox, 1,799 from measles, 159 from scarlet fever, 970 from whooping-cough, 452 from diphtheria, and 1,371 (among children under 2 years of age) from diarrhœa and enteritis. The mortality from each of these diseases, except diarrhœa, was below the corrected average for the five preceding years; in the case of diarrhœa the average is not available for comparison.

The greatest proportional mortality from enteric fever was recorded last year in Fulham, St. Marylebone, Shoreditch, Poplar, Bermondsey, Lambeth, and Lewisham. The number of enteric fever patients admitted into the Metropolitan Asylums Hospitals during the year was 381, against 539, 745, and 552 in the three preceding years; 37 cases remained under treatment at the end of the year, against 62, 88, and 76 at the three preceding years. The highest death-rates from measles were recorded last year in Finsbury, Shoreditch, Bethnal Green, Stepney, Poplar, Southwark, and Bermondsey.

Scarlet fever was proportionally most fatal in St. Marylebone, Finsbury, Bermondsey, Deptford, and Greenwich; the number of scarlet fever patients admitted into the Metropolitan Asylums Hospitals during the year was 10,488, against 16,183, 9,889 and 9,631 in the three preceding years; 2,088 cases remained under treatment at the end of the year, against 2,329, 1,574, and 1,878 at the end of the three preceding years.

The highest death-rates from whooping-cough last year were recorded in Fulham, Finsbury, Shoreditch, Stepney, Poplar, Bermondsey, and Greenwich. Diphtheria was proportionally most fatal in Hampstead, Holborn, Finsbury, Shoreditch, Greenwich, Lewisham, and Woolwich; 6,184 diphtheria patients were admitted into the Metropolitan Asylums Hospitals last year, against 5,799, 4,882, and 6,336 in the three preceding years; 959 cases remained under treatment at the end of the year, against 904, 827, and 1,294 at the end of the three preceding years. The mortality from diarrhœa and enteritis among children under two years of age, measured in proportion to the births registered during the year was greatest in Paddington, the City of Westminster, Shoreditch, Stepney, Southwark, and Bermondsey.

The 6,069 deaths from phthisis were equal to a rate of 1.35 per 1,000, the rates in the three preceding years having been 1.31, 1.14, and 1.35 per 1,000. The rates last year ranged from 0.64 in Hampstead, 0.70 in Lewisham, 0.87 in Paddington and in Stoke Newington, and 0.93 in Wandsworth to 1.75 in Bermondsey, 1.87 in Southwark, 1.92 in Finsbury, 1.98 in the City of London, 2.07 in Holborn, and 2.10 in Shoreditch.

Infant mortality, measured to the proportion of deaths among children under 1 year of age to registered births, was equal to 90 per

Analysis of the Vital Statistics of the Metropolitan Boroughs and of the City of London after Distribution of Deaths occurring in Public Institutions during 1912.

Boroughs.	Estimated Population middle of 1912.	Births.	Deaths.	Annual Rate per 1,000 Living. Births.	Deaths.	Deaths from Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping-cough.	Diphtheria.	Diarrhœa and Enteritis (Under 2 Years).	Phthisis.	Deaths of Children Under 1 Year of Age to 1,000 Registered Births.
COUNTY OF LONDON	4,519,754	111,551	61,100	24.7	13.6	117	1	1,799	159	970	452	1,371	6,069	90
Paddington	142,362	2,774	1,751	19.5	12.3	1	—	31	3	20	6	43	124	107
Kensington	171,746	3,079	2,226	18.0	13.0	4	—	27	5	24	6	37	183	98
Hammersmith	122,750	2,752	1,606	22.6	13.1	4	—	29	4	17	13	29	165	94
Fulham	155,402	4,079	1,985	26.3	12.8	8	—	65	6	45	15	33	209	97
Chelsea	65,397	1,160	949	17.8	14.6	1	—	22	2	14	5	8	85	72
City of Westminster ...	157,248	2,132	1,942	13.6	12.4	4	—	37	4	16	11	38	183	93
*St. Marylebone ...	116,155	4,050	1,602	35.0	13.8	5	—	40	11	19	8	26	146	52
Hampstead	85,966	1,224	842	14.3	9.8	1	—	11	1	4	17	1	55	65
St. Pancras	216,145	5,008	3,148	23.2	14.6	3	—	95	5	44	25	37	341	94
Islington	326,398	7,789	4,662	23.9	14.3	8	—	151	9	57	39	90	441	91
Stoke Newington ...	50,581	995	611	19.7	12.1	—	—	5	—	3	—	3	44	74
*Hackney	222,986	5,424	2,691	24.4	12.1	3	—	19	8	33	12	60	303	78
*Holborn	48,026	1,248	733	26.0	15.3	1	—	25	—	7	7	8	99	58
*Finsbury	86,130	3,143	1,612	36.7	18.8	1	—	129	5	29	13	44	165	94
City of London	18,695	407	251	21.8	13.5	—	—	2	—	1	1	4	37	37
Shoreditch	110,430	3,365	1,997	30.6	18.1	4	—	116	5	47	19	94	231	130
Bethnal Green	127,985	3,700	1,954	28.9	15.3	3	—	91	2	32	12	48	216	102
*Stepney	277,315	8,956	4,211	32.4	15.2	9	—	170	13	96	26	153	465	100
Poplar	161,597	4,848	2,635	30.1	16.4	7	—	113	3	64	17	68	243	112
Southwark	190,017	5,252	3,164	28.4	16.7	4	—	139	6	49	27	104	354	112
Bermondsey	125,260	3,802	2,098	30.4	16.8	5	—	102	8	36	16	67	218	113
*Lambeth	297,550	8,167	3,950	27.5	13.3	13	—	97	9	55	29	98	406	74
Battersea	167,589	4,030	2,042	24.1	12.2	2	—	55	6	40	15	50	195	89
Wandsworth	321,881	6,581	3,265	20.5	10.2	8	—	50	11	61	19	73	297	78
Camberwell	261,591	6,280	3,362	24.1	12.9	6	—	81	8	51	21	65	339	85
Deptford	109,377	2,807	1,432	25.8	13.1	2	—	28	6	25	11	29	147	92
Greenwich	95,994	2,357	1,254	24.8	13.1	2	—	28	9	30	15	25	135	85
Lewisham	165,249	3,320	1,714	20.2	10.4	6	—	11	6	24	27	26	115	71
Woolwich	121,932	2,812	1,411	23.2	11.6	2	1	31	4	27	20	10	128	71

* No correction is made for births in lying-in institutions; the boroughs principally affected are marked thus (*).

1,000 last year, against 102 and 128 in the two preceding years. Among the lowest rates were 37 in the City of London, 58 in Holborn, 65 in Hampstead, and 71 in Lewisham and in Woolwich; while the highest rates were 107 in Paddington, 112 in Poplar and in Southwark, 113 in Bermondsey, and 133 in Shoreditch.

HEALTH OF ENGLISH TOWNS.

In ninety-six of the largest English towns 8,293 births and 5,195 deaths were registered during the week ending Saturday, April 12th. The annual rate of mortality in these towns, which had been 16.5, 16.9, and 15.6 per 1,000 in the three preceding weeks, further fell to 15.2 per 1,000 in the week under notice. In London the death-rate was equal to 14.9 per 1,000, against 17.2, 17.4, and 19.3 in the three preceding weeks. Among the ninety-five other large towns the death-rates ranged from 7.5 in Tottenham and in Edmonton, 7.7 in Coventry, 7.9 in Carlisle, 8.2 in Croydon, and 8.3 in Willesden and in Hornsey to 22.5 in Warrington, 22.7 in Gloucester and in Stoke-on-Trent, 24.3 in Halifax, 26.7 in St. Helens, and 27.9 in Stockton-on-Tees. Measles caused a death-rate of 2.0 in Bolton and in Stockton-on-Tees, 2.1 in Smethwick, 2.2 in Wolverhampton, 2.3 in West Bromwich and in Wigan, 2.4 in Newport (Mon.), 3.1 in St. Helens, and 5.2 in Gloucester. The mortality from the remaining infective diseases showed no marked excess in any of the large towns, and no fatal case of small-pox was registered during the week. The causes of 42, or 0.8 per cent., of the total deaths were not certified either by a registered medical practitioner or by a coroner after inquest, and included 4 in Birmingham, 3 each in Stoke-on-Trent, in Liverpool, and in Gateshead, and 2 each in Gloucester, in Bury, and in Newcastle-on-Tyne. The number of scarlet fever patients under treatment in the Metropolitan Asylums Hospitals and the London Fever Hospital, which had been 1,514, 1,455, and 1,410 at the end of the three preceding weeks, had further fallen to 1,357 on Saturday, the 12th inst.; 148 new cases were admitted during the week, against 156, 168, and 167 in the three preceding weeks.

In ninety-six of the largest English towns 8,960 births and 5,420 deaths were registered during the week ending Saturday, April 19th. The annual rate of mortality in these towns, which had been 16.9, 15.6, and 15.2 per 1,000 in the three preceding weeks, rose to 15.8 per 1,000 in the week under notice. In London the death-rate was equal to 16.4, against 17.4, 16.3, and 14.9 per 1,000 in the three preceding weeks. Among the ninety-five other large towns the death-rates ranged from 4.6 in Ealing, 6.1 in Enfield, 6.6 in Ilford, 7.2 in Leyton, 7.5 in Bournemouth, and 8.6 in Northampton and in Wallasey to 21.6 in Preston, 21.7 in Hastings, 21.8 in Stoke-on-Trent and in Carlisle, 21.9 in Stockton-on-Tees, 22.3 in Dewsbury, and 24.0 in Wolverhampton. Measles caused a death-rate of 1.9 in Willesden, 2.3 in Wigan, 2.6 in Bolton, 2.9 in Southend-on-Sea, 3.1 in St. Helens, 3.3 in Wolverhampton, 3.8 in West Bromwich, and 6.2 in Gloucester; diphtheria of 3.0 in Stockton-on-Tees; and whooping-cough of 1.9 in Merthyr Tydfil and 2.2 in Southend-on-Sea. The mortality from the remaining infective diseases showed no marked excess in any of the large towns, and no fatal case of small-pox was registered during the week. The causes of 50, or 0.9 per cent., of the total deaths were not certified either by a registered medical practitioner or by a coroner after inquest; of this number 9 were registered in Birmingham, 7 in Liverpool, 4 in Stoke-on-Trent, 4 in Warrington, and 3 each in Bootle, in St. Helens, and in Sheffield. The number of scarlet fever patients under treatment in the Metropolitan Asylums Hospitals and the London Fever Hospital, which had been 1,455, 1,410, and 1,357 at the end of the three preceding weeks, had further declined to 1,334 on Saturday last; 215 new cases were admitted during the week, against 168, 167, and 148 in the three preceding weeks.

HEALTH OF SCOTTISH TOWNS.

In the sixteen largest Scottish towns 1,196 births and 746 deaths were registered during the week ending Saturday, April 12th. The annual rate of mortality in these towns, which had been 17.2 per 1,000 in each of the two preceding weeks, was again 17.2 in the week under notice, and was 2.0 per 1,000 above the rate in the ninety-six large English towns. Among the several towns the death-rates ranged from 10.7 in Ayr, 11.9 in Perth, and 12.0 in Kilmarnock, to 20.8 in Greenock, 21.6 in Coatbridge, and 22.0 in Dundee. The mortality from the principal epidemic diseases averaged 1.9 per 1,000, and was highest in Aberdeen and Greenock. The 352 deaths from all causes registered in Glasgow included 25 from whooping-cough, 5 from measles, 5 from diphtheria, 5 from infantile diarrhœa, and 1 from scarlet fever. Eight deaths from whooping-cough were recorded in Edinburgh, 4 in Greenock, 2 in Leith, 2 in Motherwell, and 2 in Hamilton; and 4 deaths from measles and 3 from diphtheria in Aberdeen.

HEALTH OF IRISH TOWNS.

During the week ending Saturday, April 12th, 716 births and 517 deaths were registered in the twenty-seven principal urban districts of Ireland, as against 746 births and 535 deaths in the preceding period. These deaths represent a mortality of 22.5 per 1,000 of the aggregate population in the districts in question, as against 23.3 per 1,000 in the previous period. The mortality in these Irish areas was, therefore, 7.3 per 1,000 higher than the corresponding rate in the ninety-six English towns during the week ending on the same date. The birth-rate, on the other hand, was equal to 31.3 per 1,000 of population. As for mortality of individual localities, that in the Dublin registration area was 27.2 as against an average of 25.2 for the previous four weeks, in Dublin city 29.9 (as against 26.4), in Belfast 19.6 (as against 22.6), in Cork 24.5 (as against 21.6), in Londonderry 14.0 (as against 17.2), in Limerick 19.0 (as against 20.3), and in Waterford 20.9 (as against 20.4). The zymotic death-rate was 1.7, as against 1.8 in the previous week.

During the week ending Saturday, April 19th, 661 births and 481 deaths were registered in the twenty-seven principal urban districts of Ireland, as against 716 births and 517 deaths in the preceding period. These deaths represent a mortality of 20.9 per 1,000 of the aggregate population in the districts in question, as against 22.5 per 1,000 in the previous period. The mortality in these Irish areas, was, therefore, 5.1 per 1,000 higher than the corresponding rate in the ninety-six English towns during the week ending on the same date. The birth-rate on the other hand was equal to 28.7 per 1,000 of population. As for mortality of individual localities, that in the Dublin registration area was 24.1 as against an average of 25.8 for the previous four weeks, in Dublin city 25.2 (as against 27.0), in Belfast 16.9 (as against 20.6), in Cork 22.4 (as against 21.9), in Londonderry 12.7 (as against 17.5), in Limerick 29.8 (as against 22.7), and in Waterford 11.4 (as against 22.3). The zymotic death-rate was 1.9, as against 1.7 in the previous week.

Naval and Military Appointments.

ROYAL NAVAL MEDICAL SERVICE.

The following appointments and resignation have been announced by the Admiralty: Fleet Surgeon HERBERT H. GILL, M.B., to the *Centurion*, on recommissioning, undated. Fleet Surgeon GEORGE GIBSON, to the *Irresistible*, vice Gill on the *Centurion*, recommissioning, undated. Fleet Surgeon ERNEST A. PENFOLD, to the *Excellent*, additional for the *Albemarle* on recommissioning, May 15th. Staff Surgeon MAURICE T. MALE, M.B., to the *Egmont*, additional for service with T.B.D. Flotilla, temporary, April 18th. Staff Surgeon THOMAS W. MYLES, M.D., B.A., to the *President*, additional for R. F. A. Marine, vice Male, April 18th. Staff Surgeon RICHARD F. CLARK, to the *Diana* and for group of ships of Third Fleet on *Diana* becoming parent ship, undated. Staff Surgeon ARTHUR L. SCHOFIELD, M.B., to the *Centurion*, on recommissioning, undated. Staff Surgeon THOMAS E. BLUNT, to the *Rosario*, vice Rutherford, April 18th. Surgeon JAMES H. WRIGHT, M.B., B.A., to the *Wildfire*, additional for Sheerness Yard and Barracks, vice Myles, April 18th. Surgeon FRANCIS J. BURKE, M.B., to the *Hebe*, vice Wright, April 18th. Surgeon WILLIAM C. CARSON, to the *Pembroke* for R.N. Barracks, vice Burke, April 18th. Surgeon BASIL TAYLOR, M.B., to the *Excellent*, additional for the *Albemarle*, on recommissioning, May 15th. Surgeon ARCHIBALD FAIRLEY, M.B., to the *Merlin*, vice Blunt, April 18th. Acting Surgeon P. L. GIBSON, M.A., to the *Victory*, additional, for course of instruction at Greenwich and Haslar, April 30th.

Surgeon JOHN MCCUTCHEON, M.B., has been allowed to retire from the service with a gratuity, April 13th.

ARMY MEDICAL SERVICE.

COLONEL H. M. SLOGGETT has been appointed Assistant Director of Medical Service at Belfast.

ROYAL ARMY MEDICAL CORPS.

Lieutenant-Colonel F. B. NEWLAND has been appointed Senior Medical Officer, South-Eastern Coast Defence.

Lieutenant-Colonel G. H. BAREFOOT has been appointed to the London District for duty at the Queen Alexandra Military Hospital.

Captain A. G. WELLS has been appointed a Specialist in Operative Surgery, Third (Lahore) Division.

Captain E. J. KAVANAGH has been appointed to the Eastern Command.

Captain DAVID S. BUIST, M.B., is seconded for service with the Egyptian Army, February 26th.

FREDERICK BISSELL, late Captain, R.A.M.C. Special Reserve, to be Captain, April 16th.

INDIAN MEDICAL SERVICE.

LIEUTENANT-COLONEL JOHN M. CADELL, M.B., has retired, March 5th.

Lieutenant-Colonel J. T. CALVERT has been granted combined leave for nine months, with effect from March 8th, 1913.

Lieutenant-Colonel B. H. DEARE has been appointed to officiate as Principal and Professor of Medicine, Medical College, Calcutta, and First Physician to the College Hospital, vice Lieutenant-Colonel J. T. Calvert.

Major D. MCCAY has been appointed to officiate as Professor of Materia Medica, Medical College, Calcutta, and Second Physician to the College Hospital, vice Lieutenant-Colonel B. H. Deare.

The promotion of Major WILLIAM HENRY KENRICK to his present rank is antedated from January 28th, 1909, as notified in the *London Gazette* of March 26th, 1909, to July 29th, 1908.

Major THOMAS E. WATSON, M.B., has retired March 15th.

The promotion of Major WILLIAM LAPSLEY, M.B., to his present rank is antedated from June 28th, 1912, as notified in the *Gazette* of August 23rd, 1912, to December 28th, 1911.

The services of Captain T. C. MCCOMBIE YOUNG have been placed permanently at the disposal of the Government of Assam with a view to his confirmation in the Sanitary Department of that Province, with effect from November 6th, 1909.

The services of Captain F. W. SUMNER have been placed permanently at the disposal of the Government of the United Provinces.

Captain J. W. S. BABINGTON, I.M.S., is appointed a Specialist in Ophthalmology, with effect from March 20th, 1913.

Captain J. W. BARNETT, I.M.S., is appointed to the substantive medical charge of the 34th Sikh Pioneers.

Lieutenant CHARLES H. L. MEYER, M.D., has retired, March 15th.

Captain GEORGE FOWLER has been appointed Major.

INDIAN SUBORDINATE MEDICAL DEPARTMENT.

Senior Assistant Surgeon and Honorary Captain GEORGE HYNES has retired, January 11th.

Senior Assistant Surgeon and Honorary Captain FREDERICK GEORGE FOX has retired, February 16th.

SPECIAL RESERVE OF OFFICERS.

ROYAL ARMY MEDICAL CORPS.

CAPTAIN FREDERICK E. BISSELL, M.D., resigns his commission, April 16th.

The following to be Lieutenants on probation: EDMUND TYTLER BURKE, late Cadet, Glasgow University Contingent, Officers' Training Corps, February 25th; Cadet Corporal GERALD FRANCIS P. GIBBONS, from the London University Contingent, Officers' Training Corps, March 29th.

Lieutenant MARK ANTHONY resigns his commission, April 2nd.

Lieutenant ALEXANDER D. D'AVRAY is confirmed in his rank.

Cadet HARRY C. S. SINDERSON, from the Edinburgh University Contingent, Officers' Training Corps, to be Lieutenant on probation, March 6th.

HARRY EVANS, M.B., late Cadet Edinburgh University Contingent, Officers' Training Corps, to be Lieutenant on probation, February 15th.

Cadet Staff Sergeant WALTER TENNYSON MCCURRY, from the Belfast University Contingent, Officers' Training Corps, to be Lieutenant on probation, March 11th.

The name of Lieutenant HARRY CHAPMAN SINDERSON is as now described, and not as stated in the *Gazette* of April 1st.

TERRITORIAL FORCE.

Second Welsh Field Ambulance.—JOHN SYDNEY ROWLANDS, M.B., to be Lieutenant, March 12th.

Attached to Units Other than Medical Units.—GEORGE F. ROWDON SMITH, M.B., late Company Sergeant Major, Cheshire Field Company, Welsh Divisional Engineers, Royal Engineers, to be Lieutenant.

February 12th; Josiah Walker, M.B., to be Lieutenant, March 18th; Captain Frederic W. Kendle to be Major, February 21st; Lieutenant George B. Gill, M.B., to be Captain, February 25th; Major James A. Wadson, M.D., resigns his commission, and is granted permission to retain his rank and to wear the prescribed uniform, April 16th.

For Attachment to Units Other than Medical Units.—Henry F. Shepherd to be Lieutenant, March 4th.

Territorial Force Reserve.

Major William Ernest Miles, F.R.C.S., from the Third (City of London) Field Ambulance, to be Major, March 13th.

CHANGES OF STATION.

The following changes of station amongst the officers of the Army Medical Service have been officially reported to have taken place during March:

		FROM		TO
Lieut.-Colonel	H. J. Fletcher, M.B.	Sialkot	...	Rawal Pindi.
,,	H. E. Cree	Sabathu	...	Sialkot.
,,	E. Eckersley, M.B.	War Office	...	Delhi.
,,	D. M. O'Callaghan	Aldershot	...	Hilsea.
,,	F. R. Newland, M.B.	York	...	Dover.
,,	R. Holyoake	Chatham	...	Sheerness.
,,	R. H. Penton, D.S.O.	Muttra	...	Ranikhet.
,,	J. Thomson, M.B.	Harrismith	...	London.
Major	J. E. Brogden	Gibraltar	...	Malta.
,,	N. Faichnie, M.B.	Delhi	...	Meerut.
,,	J. Hennessy, M.B.	Cosham	...	Colaba.
,,	J. F. M. Kelly, M.B.	Potchefstroom	...	Colchester.
,,	H. A. Hinge	London	...	Aldershot.
,,	G. Dansey-Browning	Aldershot	...	Gibraltar.
,,	J. P. Silver, M.B.	Cork	...	Fort Camden, Queenstown Harbour.
,,	H. E. Staddon	Dover	...	India.
,,	R. J. Blackham	Peshawar	...	Jutogh.
,,	J. Poe, M.B.	Bloemfontein		E. Commd.
,,	E. T. Inkson, V.C.	Bangalore	...	Wellington.
,,	A. L. A. Webb	—		Edinburgh.
,,	T. C. MacKenzie, D.S.O.	Egypt. Army	...	Dover.
,,	J. H. R. Bond	Nowgong	...	Naini Tal.
,,	E. McDonnell, M.B.	Bermuda	...	Lydd.
,,	T. E. Fielding, M.B.	London	...	S. Command.
,,	R. T. Brown, M.D.	Maymyo	...	Darjeeling.
,,	E. W. Siberry	Wynberg	...	London.
,,	J. P. J. Murphy, M.B.	Capetown	...	Potchefstro'm.
,,	R. L. Argles	Tralee	...	Cork.
Captain	H. W. Long, M.B.	—		Bodmin.
,,	J. W. S. Seccombe	Devonport	...	Topsham.
,,	W. D. C. Kelly, M.B.	Dublin	...	Pretoria.
,,	J. B. Meldon, M.B.	Dover	...	Shorncliffe.
,,	N. E. Dunkerton	Aldershot	...	London.
,,	A. L. Otway, M.B.	Salisbury	...	Cosham.
,,	G. E. Cathcart	Aldershot	...	Jubbulpore.
,,	H. Harding, M.B.	Colchester	...	Gt. Yarmouth.
,,	J. A. Turnbull	Tidworth	...	Worcester.
,,	A. E. S. Irvine	Simonstown	...	Irish Commd.
,,	A. Dawson, M.B.	Aden	...	,,
,,	A. S. Williams	Dublin	...	Kilbride Camp.
,,	V. C. Honeybourne	Aden	...	Irish Commd.
,,	E. M. O'Neill, M.B.	Cork	...	Youghal.
,,	T. W. O. Sexton	Wynberg	...	Woolwich.
,,	A. C. Vidal	,,	...	Aldershot.
,,	T. T. H. Robinson, M.B.	Nasirabad	...	Sheffield.
,,	G. H. Stevenson, M.B.	Sheffield	...	Lichfield.
,,	W. H. Forsyth, M.B.	—		Netley.
,,	M. J. Lochrin	Bellary	...	Bangalore.
,,	E. D. Caddell, M.B.	Karachi	...	Aden.
,,	W. F. M. Loughnan	Bareilly	...	,,
,,	C. H. Denyer	Jubbulpore	...	Agra.
,,	E. M. Middleton	Kyra Gali	...	Rawal Pindi.
,,	F. J. Stuart, M.B.	Muttra	...	Agra.
,,	R. G. S. Gregg, M.B.	Lucknow	...	Karachi.
,,	J. James, M.B.	Potchefstroom		E. Commd.
,,	C. Ryles, M.B.	Karachi	...	Naini Tal.
,,	D. S. Buist, M.B.	Quetta	...	Egypt.
,,	T. B. Nicholls, M.B.	Cairo	...	Cyprus.
,,	A. D. Stirling, M.B.	,,	...	Khartoum.
,,	A. W. Bevis	Bloemfontein		Irish Commd.
,,	M. J. Williamson, M.B.	,,		Potchefstroom
,,	P. G. M. Elvery	Cyprus	...	Cairo.
,,	R. H. Nolan	Rawal Pindi	...	Glencorse.
,,	K. Comyn, M.B.	Shorncliffe	...	Gibraltar.
,,	F. R. Laing, M.B.	Bordon	...	India.
Lieutenant	C. H. H. Harold, M.D.	Rawal Pindi	...	Ambala.
,,	T. J. Hallinan, M.B.	Dublin	...	India.
,,	J. D. Bowie, M.B.	Aldershot	...	Egypt.
,,	G. O. Chambers	Lichfield	...	Cairo.
,,	B. Biggar, M.B.	Windsor	...	Egypt.
,,	C. M. Finny, M.B.	Dublin	...	India.
,,	J. D. Kidd, M.B.	Curragh	...	,,
,,	W. S. R. Steven, M.B.	Hounslow	...	,,
,,	W. A. Frost, M.B.	Devonport	...	,,
,,	D. Reynolds, M.B.	Limerick	...	,,
,,	C. D. K. Seaver	Curragh	...	Rawal Pindi.
,,	J. S. Levack, M.B.	Rawal Pindi	...	Nowshera.
,,	W. Bisset, M.B.	,,	...	Lahore.
,,	W. L. E. Fretz, M.B.	,,	...	Ambala.
,,	W. B. Laird	London	...	Caterham.
,,	J. M. Elliott, M.B.	Hilsea	...	Cosham.
,,	W. Stewart, M.B.	Weedon	...	Colchester.
,,	A. G. J. MacIlwaine	Deepcut	...	India.
,,	D. T. M. Large, M.B.	Glencorse	...	Glasgow.
,,	E. A. Strachan, M.B.	Edinburgh	...	Fort George.
,,	J. L. Ritchie, M.B.	York	...	Lichfield.
,,	C. M. Ingoldsby	Buttevant	...	Cork.
,,	S. J. Higgins	Fermoy	...	Fethard.
,,	S. J. Barry	Woolwich	...	Guildford.

COLONIAL MEDICAL SERVICES.

The following changes have been notified by the Colonial Office:

West African Medical Staff.

New Appointments.—The following gentlemen have been selected for appointment to the staff: N. A. D. Sharp, M.R.C.S.Eng., L.R.C.P. Lond., Gold Coast; J. C. C. Hogan, M.D., B.Ch., B.A.O., L.M.Dub., Northern Nigeria; J. A. Beattie, M.D., B.Ch.Aberd., D.T.M.and H. Cantab., Northern Nigeria.

Retirements.—A. W. Atkinson, M.B., Ch.B.Edin., Medical Officer, Gold Coast, retires with a gratuity; St. G. Gray, M.D., B.Ch.Dub., Senior Medical Officer, Southern Nigeria, retires on pension.

Other Colonies and Protectorates.

W. W. Martin, M.B., Ch.B.Vict.; J. W. Adams, M.R.C.S.Eng., M.R.C.P.Lond., M.B., B.C.Cantab.; and J. London, M.B., Ch.B.Liverpool, have been selected for appointment as Medical Officers in the Straits Settlements. J. M. G. Ewing, L.R.C.P., L.R.C.S.Edin., L.F.P.S. Glas., has been selected for appointment as a District Medical Officer, St. Vincent. W. N. A. Paley, M.R.C.S.Eng., L.R.C.P.Lond., has been selected for appointment as a Medical Officer, Fiji; W. S. Coffey, L.R.C.P., L.R.C.S.Irel., has been selected for appointment as a Medical Officer in the Federated Malay States.

Vacancies and Appointments.

VACANCIES.

This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column advertisements must be received not later than the first post on Wednesday morning.

ABERYSTWYTH INFIRMARY AND CARDIGANSHIRE GENERAL HOSPITAL.—House-Surgeon and Secretary. Salary, £150 per annum.

BANBURY: HORTON INFIRMARY.—House-Surgeon. Salary, £80 per annum.

BIRKENHEAD BOROUGH HOSPITAL.—Junior House-Surgeon (male). Salary, £80 per annum.

BIRKENHEAD EDUCATION COMMITTEE.—Assistant School Medical Officer. Salary, £300 per annum, rising to £350.

BIRKENHEAD UNION.—Senior Male Resident Assistant Medical Officer. Salary, £130 per annum.

BIRMINGHAM AND MIDLAND EYE HOSPITAL.—Third House-Surgeon. Salary, £75 per annum.

BIRMINGHAM CITY.—(1) Medical Superintendent for the West Heath Hospital and Sanatorium; salary, £300 per annum. (2) Senior and Junior Assistant Medical Officers for the Yardley Road Sanatorium; salary, £250 and £200 per annum respectively.

BIRMINGHAM: RUBERY HILL ASYLUM.—Junior Assistant Medical Officer (male). Salary, £175 per annum.

BRADFORD EDUCATION COMMITTEE.—Two Assistants (one male and one female) to the School Medical Officer. Salary, £350 per annum each.

BRIDGE OF WEIR: CONSUMPTION SANATORIUM OF SCOTLAND.—Assistant Medical Officer (lady). Salary, £75 per annum.

BRIDGWATER HOSPITAL.—House-Surgeon. Salary at the rate of £100 per annum.

BRISTOL: COSSHAM MEMORIAL HOSPITAL, Kingswood.—House-Surgeon. Salary, £50 per annum.

BRISTOL GENERAL HOSPITAL.—First House-Physician, Second House-Physician, and Casualty House-Surgeon. Salary, £80 per annum.

BRISTOL ROYAL INFIRMARY.—Obstetric and Ophthalmic House-Surgeon. Salary at the rate of £75 per annum.

BURTON-ON-TRENT INFIRMARY.—House-Surgeon. Salary, £120 per annum.

BURY ST. EDMUNDS: WEST SUFFOLK GENERAL HOSPITAL.—Resident Medical Officer. Salary, £100 per annum.

BUXTON: DEVONSHIRE HOSPITAL.—Assistant House-Physician. Salary at the rate of £100 per annum.

CANTERBURY: CANTERBURY BOROUGH ASYLUM.—Assistant Medical Officer (male). Salary, £160 per annum.

CARDIFF: ROYAL HAMADRYAD SEAMEN'S HOSPITAL.—Medical Superintendent. Salary, £250 per annum.

CHELTENHAM GENERAL HOSPITAL.—House-Surgeon. Salary, £100 per annum.

CHICHESTER: WEST SUSSEX COUNTY ASYLUM.—Locumtenent Medical Officer. Salary, 4 guineas a week.

DENBIGH: DENBIGHSHIRE INFIRMARY.—House-Surgeon. Salary, £100 per annum.

DENBIGH: NORTH WALES COUNTIES ASYLUM.—Medical Superintendent. Salary, £500 per annum, rising to £700.

DERBYSHIRE ROYAL INFIRMARY.—House-Physician. Salary, £100 per annum.

DEVON COUNTY ASYLUM, Exminster.—Fourth Assistant Medical Officer. Salary, £130 per annum, rising to £140, with honorarium of £50 at the end of twelve months for Pathological work.

DUBLIN: PEAMOUNT SANATORIUM, Hazelhatch.—Resident Medical Superintendent. Salary, £400 per annum, rising to £500.

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.—House-Physician and Assistant Casualty Officer (male). Salary at the rate of £75 per annum.

EAST SUSSEX COUNTY ASYLUM, Hellingly.—Third Assistant Medical Officer. Salary, £200 per annum, rising to £225.

EXETER: ROYAL DEVON AND EXETER HOSPITAL.—Assistant House-Surgeon. Salary at the rate of £80 per annum.

GLASGOW ROYAL ASYLUM.—Junior Assistant Physician. Salary at the rate of £150 per annum.

HALIFAX: ROYAL HALIFAX INFIRMARY.—Third House-Surgeon. Salary, £80 per annum.

HASTINGS: EAST SUSSEX HOSPITAL.—Senior and Assistant House-Surgeons. Salary at the rate of £100 and £70 per annum respectively.

HEMEL HEMPSTEAD: WEST HERTS HOSPITAL.—Resident Medical Officer. Salary, £100 per annum.

HULL AND SCULCOATES DISPENSARY.—Resident Surgeon. Salary, £220 per annum.

JARROW-ON-TYNE: PALMER MEMORIAL HOSPITAL.—House-Surgeon. Salary, £170 per annum.

LANCASTER: ROYAL LANCASTER INFIRMARY.—House-Surgeon. Salary, £110 per annum.

LEAMINGTON SPA: WARNEFORD, LEAMINGTON, AND SOUTH WARWICKSHIRE GENERAL HOSPITAL.—House-Physician. Salary, £85 per annum.

LEEDS HOSPITALS FOR INFECTIOUS DISEASES AND TUBERCULOSIS.—Fourth Assistant Medical Officer. Salary at the rate of £120 per annum.

LEICESTER ROYAL INFIRMARY.—(1) Assistant Honorary Surgeon. (2) Assistant House-Surgeon. (3) Assistant House-Physician. Salary at the rate of £80 per annum for (2) and (3).

LIVERPOOL: PARK HILL SANATORIUM.—Resident Medical Superintendent. Salary, £350 per annum, rising to £400.

LONDON COUNTY ASYLUMS.—Junior Assistant Medical Officer at the Banstead Asylum, Sutton, and at the Claybury Asylum, Woodford. Salary, £170 per annum each.

LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.—Medical Registrar. Honorarium at the rate of 40 guineas per annum.

LOUGHBOROUGH AND DISTRICT GENERAL HOSPITAL.—Male Resident House-Surgeon. Salary, £120 per annum.

MANCHESTER CHILDREN'S HOSPITAL.—Assistant Medical Officer for Out-patient Department. Salary, £25 for six months.

MANCHESTER ROYAL INFIRMARY.—Honorary Assistant Physician.

MANCHESTER: VICTORIA MEMORIAL JEWISH HOSPITAL. Two Surgeons and one Physician.

MIDDLESEX COUNTY ASYLUM, Napsbury.—Junior Assistant Medical Officer. Salary, £200 per annum.

MILLER GENERAL HOSPITAL, Greenwich Road, S.E.—Junior House-Surgeon. Salary at the rate of £85 per annum.

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.—Surgeon-Laryngologist.

NESTING AND LUNNASTING PARISH COUNCIL.—Medical Officer. Salary, £50 per annum.

NORDRACH-UPON-MENDIP SANATORIUM.—Assistant Medical Officer. Salary, £150 per annum, rising to £200.

NOTTINGHAM GENERAL DISPENSARY.—(1) Assistant Resident Surgeon (male); salary, £170 per annum. (2) Resident and Assistant Resident Surgeons for Branch; salary, £180 and £170 per annum respectively.

OLDHAM ROYAL INFIRMARY.—Third House-Surgeon. Salary, £80 per annum.

OXFORD: RADCLIFFE INFIRMARY AND COUNTY HOSPITAL.—House-Physician. Salary at the rate of £80 per annum.

OXFORD: WARNEFORD MENTAL HOSPITAL.—Assistant Medical Officer. Salary, £150 per annum.

PORTSMOUTH: ROYAL PORTSMOUTH HOSPITAL.—Two House-Surgeons. Salary at the rate of £75 per annum each.

QUEEN CHARLOTTE'S LYING-IN HOSPITAL, Marylebone Road, N.W.—Assistant Resident Medical Officer. Salary, £50 per annum, rising to £60 on appointment as Senior.

READING: ROYAL BERKSHIRE HOSPITAL.—Second House-Surgeon. Salary, £80 per annum.

REDHILL: EARLSWOOD ASYLUM.—Junior Assistant Medical Officer. Salary, £150 per annum.

RICHMOND: ROYAL HOSPITAL.—Assistant House-Surgeon. Salary, £70 per annum.

ROCHDALE INFIRMARY.—House-Surgeon (unmarried). Salary, £100 per annum.

ROTHERHAM HOSPITAL.—Assistant House-Surgeon. Salary, £80 per annum.

ROYAL LONDON OPHTHALMIC HOSPITAL, City Road, E.C.—Third House-Surgeon. Salary at the rate of £50 per annum.

ST. BARTHOLOMEW'S HOSPITAL, E.C.—Chief Assistant in the X-Ray Department.

ST. MARYLEBONE PARISH.—First and Second Assistant Medical Officers at the Infirmary. Salary, £150 and £100 per annum respectively.

ST. MARY'S HOSPITAL, Paddington, W.—Senior Ophthalmic Clinical Assistant. Salary at the rate of £50 per annum.

ST. PAUL'S HOSPITAL FOR SKIN AND GENITO-URINARY DISEASES, Red Lion Square, W.C.—(1) Honorary Assistant Surgeon. (2) Clinical Assistant.

SCARBOROUGH HOSPITAL AND DISPENSARY.—Senior House-Surgeon (male). Salary, £100 per annum.

SHEFFIELD: JESSOP HOSPITAL FOR WOMEN.—Senior and Assistant House-Surgeons. Salary, £80 and £60 per annum respectively.

SHEFFIELD ROYAL HOSPITAL.—Assistant House-Physician. Salary, £60 per annum.

SIERRA LEONE: PRINCESS CHRISTIAN HOSPITAL, Freetown.—Resident Medical Officer. Salary, £250 per annum.

SOUTH AFRICA UNION: LUNATIC AND LEPER ASYLUM SERVICE.—Junior Medical Officer. Salary, £280, rising to £360.

SOUTHAMPTON: FREE EYE HOSPITAL.—House-Surgeon. Salary, £100 per annum.

SOUTHAMPTON: ROYAL SOUTH HANTS AND SOUTHAMPTON HOSPITAL.—Junior House-Surgeon. Salary at the rate of £80 annum.

SOUTH SHIELDS: INGHAM INFIRMARY AND SOUTH SHIELDS AND WESTOE DISPENSARY.—Junior House-Surgeon (male). Salary, £90 per annum.

STIRLING DISTRICT ASYLUM, Larbert.—Assistant Medical Officer (woman). Salary, £100 per annum.

STOCKTON AND THORNABY HOSPITAL.—House-Surgeon (male). Salary, £180 per annum.

STROUD GENERAL HOSPITAL.—House-Surgeon. Salary, £120 per annum.

SWANSEA GENERAL AND EYE HOSPITAL.—House-Surgeon. Salary, £75 per annum.

TRURO: ROYAL CORNWALL INFIRMARY.—House-Surgeon. Salary, £100 per annum.

TYNEMOUTH COUNTY BOROUGH.—Clinical Tuberculosis Officer and Assistant Medical Officer of Health. Salary, £350 per annum.

WEST BROMWICH AND DISTRICT HOSPITAL.—Assistant Resident House-Surgeon and Anæsthetist. Salary, £75 per annum.

WEST END HOSPITAL FOR DISEASES OF THE NERVOUS SYSTEM, PARALYSIS, AND EPILEPSY, 73, Welbeck Street, W.—(1) Resident House-Physician; salary at the rate of £50 per annum. (2) Clinical Assistants to the Out-Patients' Physicians.

WESTERN GENERAL DISPENSARY, Marylebone Road, N.W.—Honorary Physician.

WEST HAM AND EASTERN GENERAL HOSPITAL.—Junior House-Physician. Salary at the rate of £75 per annum.

WEST SUSSEX AND CHICHESTER JOINT EDUCATION COMMITTEE.—Temporary Assistant School Medical Officer. Salary at the rate of £250 per annum.

WINCHESTER: ROYAL HAMPSHIRE COUNTY HOSPITAL.—House-Surgeon (male). Salary, £80 per annum.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.—Resident Medical Officer. Salary, £100 per annum.

YORK DISPENSARY AND MATERNITY HOSPITAL.—Resident Medical Officer (male). Salary, £140 per annum.

CERTIFYING FACTORY SURGEON.—The Chief Inspector of Factories announces the following vacant appointment: Clonaslee (Queen's County).

WARNING NOTICE.—Attention is called to a Notice (see Index to Advertisements—Warning Notice) appearing in our advertisement columns, giving particulars of vacancies as to which inquiries should be made before application.

APPOINTMENTS.

ASHMORE, P. W., M.B., Ch.B.Vict., District Medical Officer for the Hunslet Union.

BOREHAM, H. W., M.B., Ch.B., Assistant Ophthalmic Surgeon to the Eye, Ear, and Throat Infirmary, Edinburgh.

BRUCE, O., M.R.C.S., L.R.C.P., Tuberculosis Officer to the Essex County Council.

BUDD, H. H., L.M.S.S.A., District Medical Officer of the Poole Union.

BUTLER, T. Harrison, M.A., M.D.Oxon., M.R.C.S., L.R.C.P., Honorary Ophthalmic Surgeon to the Royal Midland Counties Home for Incurables, Leamington Spa.

CAMPBELL, Colin, M.B., B.S.Melb., Resident Medical Officer of the Alfred Hospital, Melbourne.

COMBIE, John D., M.D., F.R.C.P.E., Assistant Physician to the Edinburgh Royal Infirmary.

GRAHAM, Lewis, M.B., M.S.Lond., Honorary Surgeon to the Birmingham and Midland Hospital for Women.

GRIFFITHS, E. J., M.B., Ch.B.Edin., D.P.H., Medical Officer of Health to the Pontypridd Urban Council.

LAMBIE, John, M.D., Medical Officer of Health to the Mansfield Town Council.

LLOYD-EVANS, V., M.B., Ch.B.Edin., District Medical Officer of the Tenbury Union.

MCNAIR, A. J., M.B., B.C., Clinical Assistant to the Chelsea Hospital for Women.

MACNALTY, A. S., M.D., Tuberculosis Officer to the Essex County Council.

MANSFIELD, P. A., M.B., B.Ch.Oxon., Certifying Factory Surgeon for the Sevenoaks District, co. Kent.

PARKIN, Alfred, M.D., M.R.C.P., F.R.C.S., Honorary Physician, Royal Victoria Infirmary, Newcastle-on-Tyne.

RENTON, H. F., M.B., B.S., Assistant Medical Officer of the Bradford Union.

ROBERTS, W. R. S., M.B., Ch.B., M.R.C.S.Eng., L.R.C.P.Lond., Tuberculosis Medical Officer, Essex County Council.

ROWNTREE, Cecil, M.B., B.S., F.R.C.S., appointed Surgeon to the St. Marylebone General Dispensary.

RUDDOCK-WEST, T., M.B., B.S.Durh., D.P.H.Camb., House-Surgeon to Special Departments (Eye, Ear, Nose, and Skin) to Birmingham General Hospital.

SACHS, Alfred L., M.A., M.D., B.C.Cantab., M.R.C.S., L.R.C.P., Registrar to the Grosvenor Hospital for Women, Vincent Square, Westminster.

STEPHENSON, John, M.B., Ch.B.Edin., Junior Assistant Medical Officer for the Sheffield City Hospitals.

STEPHENSON, Sydney, D.O.Oxon., Ophthalmic Surgeon to King Edward Memorial Hospital, Ealing, W.

STUART, W. L., M.D., District Medical Officer of the Farnham Union.

SUTCLIFFE, W. H., M.B., B.S.Dub., Certifying Factory Surgeon for the Lisbellow District, co. Fermanagh.

WALKER, E., M.B., Certifying Factory Surgeon for the Westray District, co. Orkney.

WALLER, A. B., M.B.Lond., District Medical Officer of the Basford Union.

WATSON, J. K., M.B., Certifying Factory Surgeon for the Stevenage District, co. Hertford.

WHITAKER, H., M.B., Assistant Medical Officer of the Birmingham Parish Infirmary.

WILLIAMS, K. T., M.R.C.S., L.R.C.P., District Medical Officer of the Gainsborough Union.

WILSON, Ivan S., M.D., F.R.C.S., Clinical Assistant to the Chelsea Hospital for Women.

WRIGHT, A. J., M.B., B.S., Surgeon to the Nose and Throat Department of the Bristol General Hospital.

HAMPSTEAD GENERAL AND NORTH-WEST LONDON HOSPITAL.—The following appointments have been made:
House-Physician (Hampstead).—Mr. A. Bloom, M.B., Ch.B.Edin.
House-Surgeon (Hampstead).—Mr. James Erlank, M.B., Ch.B.Edin.
Assistant Casualty Officer (Camden Town).—Mr. J. M. Wallace, M.A.Cantab., M.R.C.S., L.R.C.P.

SALFORD ROYAL HOSPITAL.—The following appointments have been made:
Resident Surgical Officer.—J. A. Tomb, M.B., Ch.B.Edin.
House-Physician.—B. Berry, M.B., Ch.B.Manch.
Senior House-Surgeon.—T. A. Houston, L.R.C.S., L.R.C.P., B.A.O.
Junior House-Surgeon.—H. G. Peake, M.B., Ch.B.Manch.
Casualty House-Surgeon.—Oswald Pitt, M.R.C.S.Eng., L.R.C.P. Lond.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in Post Office Orders or Stamps with the notice not later than Wednesday morning in order to ensure insertion in the current issue.

BIRTHS.

EMRYS-JONES.—On April 5th, at 322, Alcester Road, Moseley, Birmingham, the wife of F. Emrys-Jones, B.A., L.M.S.S.A., of a son.

GLAISTER.—On Wednesday, April 16th, at 96, Upper Street, N., the wife of J. Norman Glaister—a daughter.

ROWNTREE.—On April 10th, at 20, Richmond Road, Islington, N., the wife of Sidney J. Rowntree, M.R.C.S., L.R.C.P., of a daughter.

SINGTON.—On April 21st, at 167, Gloucester Terrace, Hyde Park, W., to Dr. and Mrs. H. S. Sington—a daughter.

MARRIAGES.

ADAMS—DOBRÉE.—On April 19th, at St. Augustine's, Birmingham, by the Rev. T. S. Dunn, John Adams, M.B., Ch.B., of Church Stoke, Montgomeryshire, third son of Mr. and Mrs. David Adams, Edgbaston, Birmingham, to Irene Winifred, eldest daughter of Lennox Dobrée, Esq., of Estancia Duraique, S. America, and Ryde, Isle of Wight.

CREW—DYKES.—At Greyfriar's, Dumfries, on April 10th, by the Rev. J. Bryce Jamieson, B.D., assisted by the Rev. Thos. Stonely (uncle of the bridegroom), Frank Eley Crew, M.B., Ch.B.Edin., son of Thos. Crew, J.P., C.C., Clent, Worcestershire, to Helen Campbell Dykes, M.B., Ch.B.Edin., elder daughter of Thos. Dykes, L.D.S., Dumfries; Hartland, North Devon.

MCKENDRICK—MARTIN.—On April 17th, at Antrim Road Baptist Church, Belfast, by the Rev. J. T. Wilson, William McKendrick, M.B., Ch.B., Rochdale, third son of George McKendrick, Queen's Park, Glasgow, to Eva, youngest daughter of the late John Martin, Ballynahinch, co. Down.

DIARY FOR THE WEEK.

MONDAY.

MEDICAL SOCIETY OF LONDON, 11, Chandos Street, Cavendish Square, W., 8.30 p.m.—Discussion on The Treatment of Arterio-sclerosis and High Tension, to be introduced by Dr. F. de Havilland Hall, followed by Sir Lauder Brunton, Bart., F.R.S., and others.

ROYAL COLLEGE OF SURGEONS, Lincoln's Inn Fields, W.C., 5 p.m.—Museum Demonstration:—Mr. Shattock: Specimens illustrating Lipomata.

ROYAL SOCIETY OF MEDICINE, 1, Wimpole Street, W.—Special Meeting of Fellows, 5 p.m. Resumed Discussion on Alimentary Toxaemia: Its Sources, Consequences, and Treatment. (Fourth Meeting.) To be reopened by Dr. William Hunter.

SECTION OF ODONTOLOGY, 8 p.m.—Casual Communication:—Mr. Warwick James: The Cure of Mouth-breathing. Paper:—Professor Arthur Keith, F.R.S.: The Teeth of the Earlier Forms of Prehistoric Man.

TUESDAY.

ROYAL SOCIETY OF MEDICINE:

SECTION OF MEDICINE, 8.30 p.m.—Demonstration by Dr. Gustav Monod of Vichy in regard to the Possibilities of Teaching Biology with the Help of the Cinematograph.

THURSDAY.

NORTH-EAST LONDON CLINICAL SOCIETY, Prince of Wales's Hospital, Tottenham, 4.15 p.m.—Clinical Meeting.

ROYAL SOCIETY OF MEDICINE:

SECTION OF OBSTETRICS AND GYNAECOLOGY, 8 p.m.—(1) Annual Meeting. (2) Demonstration of Cases and Specimens. (3) Short Communications:—Dr. Napier Burnett: Placenta and Membranes, showing Bacterial Infection of the Chorion. Dr. Arnold Lea: Case of Puerperal Venous Thrombosis occurring after a Normal Labour. Dr. Russell Andrewes: An Unusual Case of Rupture of the Uterus.

FRIDAY.

ROYAL COLLEGE OF SURGEONS, Lincoln's Inn Fields, W.C., 5 p.m.—Museum Demonstration:—Professor Keith: Specimens illustrating the Formation of Peritoneal Adhesions and Bonds before and after Birth.

ROYAL SOCIETY OF MEDICINE:

CLINICAL SECTION, 8.30 p.m.—(1) Annual Meeting. (2) Demonstration of Cases and Specimens.

SECTION OF LARYNGOLOGY, 4.30 p.m.—Discussion on Recurrent Paralysis, to be introduced by Dr. de Havilland Hall, Sir David Ferrier, and Dr. W. Permewan.

POST-GRADUATE COURSES AND LECTURES.

LONDON SCHOOL OF CLINICAL MEDICINE, Dreadnought Hospital, Greenwich.—General Medical and Surgical Clinics, daily. Throat, Nose, and Ear: Monday and Thursday. Skin: Tuesday and Friday. Eye: Wednesday and Saturday. Pathology: Thursday. Radiography: Saturday. Special lectures each week.

MANCHESTER: ANCOATS HOSPITAL.—Post-graduate Clinic, Thursday, 4.15 p.m., Pernicious Anaemia.

MEDICAL GRADUATES' COLLEGE AND POLICLINIC, 22, Chenies Street, W.C.—The following Clinical Demonstrations have been arranged for next week at 4 p.m. each day: Monday, Skin; Tuesday, Medical; Wednesday, Surgical; Thursday, Surgical; Friday, Eye. Special Lectures at 5.15 p.m. daily, except Friday and Saturday.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C.—Tuesday and Friday, 3.30 p.m., Clinical Importance of the Sympathetic Nervous System.

QUEEN'S HOSPITAL FOR CHILDREN, Hackney Road, E.—Monday, 4 p.m., Some Common Disorders of Nutrition in Infancy.

WEST LONDON POST-GRADUATE COLLEGE, Hammersmith Road, W.—Medical and Surgical Clinics, 2 p.m.; X Rays and Operations daily. Gynaecology: Monday, Tuesday, Wednesday, and Friday. Eye: Monday, Wednesday, Thursday, and Saturday. Throat, Nose, and Ear: Tuesday, Wednesday, Friday, and Saturday. Skin: Tuesday and Friday. Pediatrics: Saturday.

[For further particulars of Lectures consult the Index to Advertisements.]

DIARY OF THE ASSOCIATION.

Date.	Meetings to be Held.
	APRIL.
30 Wed.	London: Adjourned Meeting of Council, 2 p.m. Altrincham Division, Northwich, 4.30 p.m. Bath and Bristol Branch, Bath, 8 p.m. Bournemouth Division, Annual Meeting, Bournemouth, 4 p.m. East Anglian Branch, Colchester.
	MAY.
1 Thur.	Camberwell Division, Annual Meeting, Camberwell Infirmary, 4 p.m. Lincoln Division, Lincoln.
3 Sat.	**Nominations for Election to Council to be forwarded to the Financial Secretary and Business Manager.**
6 Tues.	London: Standing Ethical Subcommittee, 2 p.m.
7 Wed.	Newcastle-on-Tyne Division, Annual Meeting, Newcastle-on-Tyne, 8.30 p.m. South-Eastern of Ireland Branch, Kilkenny, Victoria Hotel, 5.15 p.m.
8 Thur.	London: State Sickness Insurance Committee, 10.30 a.m.

Date.	Meetings to be Held.
	MAY (*continued*).
9 Fri.	Hampstead Division, Central Library, Finchley Road, 8.15 p.m.
17 Sat.	Last day for receipt of Nominations for Members of Council.
20 Tues.	London: Metropolitan Counties Branch Council, 4 p.m.
21 Wed.	Dorset and West Hants Branch, Annual Meeting, Bournemouth. Richmond Division, Richmond, 8.30 p.m.
24 Sat.	List of Nominations for Election on Council will be published in the JOURNAL of this date.
	JUNE.
4 Wed.	South Middlesex Division, Annual Meeting, Twickenham, 8.30 p.m.
6 Fri.	Hampstead Division, Annual Meeting.
7 Sat.	Date of issue of Voting Papers for Council Election from Head Office.
14 Sat.	Last day for receipt of Voting Papers at Head Office *re* Council Election.
28 Sat.	Announcement of result of Election of Members to Council.

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